PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County O al 40	CERTIFICATE OF DEATH
1	Registration Dist. No. A.
Village or City Durings Wills. (No. 4). I house	Kane) St.: Ward) (if death occurred in
2 FULL NAME Harry Joseph Solan	a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Marriel.  White Write the word	16 DATE OF DEATH November 18 , 198/
(With the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Mard) 18 , 1872 (Month) (Day) (Year)	
(Month) (Day) (Year) 7 AGE	that I jast saw h alive on 192,
I day ha	and that death occurred on the date stated above, at Samm.  The &AUSE OF DEATH * was as follows:
59 yrs. 8 mos. 0 ds. or min.	Diabetes Cese bal
(a) Trade, profession or particular kind of work	Henvorge
(b) General nature of industry	***************************************
business, or establishment in Amourance	(Duration)yrs,mosds.
9 BIRTHPLACE (State or country)  Hamsdred Tud	Contributory Secondary  (Duration) Are mos de.
10 NAME OF FATHER A. Adam -	(Signed) Cober The da loste JP Com M. D.
11 BIRTHPLACE	18/3/ 192 (Address) Llyndon My orax
OF FATHER (State or country)  M.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Sarah Carroll	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER  Balla	ients or Recent Residents)  At place of deathyrsmosds. Stateyrsmosds.
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Mrs. anie Ellen Adams.	usual residence
(Address) Owing Tylls, no	Is PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed NAV 19 1981 Du. G. E. Michaele	Frank Nhewell Perseillhil

If more branks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter. household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servana Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (fe-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womyrs). without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation 6) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

m as fracture of skull, and consequences (e. g., sepsis, (Recommendations on statement of cause of death telahus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, (secondary or intercurrent) Whooping American Medical Association.) Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-If this certificate is looked over thoroughly and all questions "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory affection need valvular Always qualify all heart not be

If this certificate is looked over thoroughly and all questions estawered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

infor- state UPA-	STATE OF MARYLAND	CERTIFICATE OF DEATH
occ	County Daltimors	Registration Dist. No.
she sho		death occurred in a hospital or institution, give its NAME instead of street and number)
NS ont	Length of residence In city or town where death occurredyrsmos	9 ds. How long In U.S. If of foreign birth? yrs. mos. ds.
SD. Every YSICIANS statement	2. FULL NAME Monros (Saldw	w
D. SI	(a) Residence: No. Havre de Grac	est., M. (Ward.
print /	(Usual place of abode)	If nonresident give city or town and State
RECO . PH Exact	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
- X	male White On DIVORCED (write the word)	November /8 193/ (Month) (Day) (Year)
RMANEN XACTI classified.	5a. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY. That I attended deceased from
MA A ass	(or) WIFE of Mary Balowin	Left 9 1931 10 200 18 1931
·	6. DATE OF BIRTH (month, day, and year) Que 157/86.3	I last saw hemalive on norty 7 2 193/ death is said
A	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 130pm.
IS A I stated properl ertifica	68 3 3 Iday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
**	8. Trade, profession, or particular kind of work dona, es SPINNER, Laborator ROMKERSER PROFESSIONER	Date of onset
HIS be be of	T SAMILE, DOURNELI EN, GIL.	0.0
NK-T should it may n back	9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Chr. Culscarditis 2 mo.
INK.	10Date decaased last worked at 11. Total time (years)	
	this occupation (month and spent in this occupation occupation	
NFADING plied. AGI rms, so tha instructions	12. BIRTHPLACE (city or town) Harry de Grace	Other Coutributory Causes of Importance:
d.	(State or country)	Chr Inter Nephritis 2 mgs
UNFA supplied n terms, ee instru	II 13. NAME John Balowing	Copus Costs
5 4 4	14. BIRTHPLACE (city or town)	Name of operation 22002 Date of
T -= 70	(State of country)	What test confirmed diagnosis? Was thera an autopsy?
WITH efully in plai int. S	15. MAIDEN NAME Mary Dyon	23. If death was due to external causes (VIOLENCE) fill in also the following:
2	15. MAIDEN NAME Plany & Lyon  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Data of injury, 19
AT AT	S (State or country)	Whera did injury occur?
E PLAINLY, should be car OF DEATH very import	17. INFORMANT Que Monto Balowing	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
shou OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
T 7	Plece Of Card Med Date 1/0V 21,1931	Nature of injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER R.M-Mitchell 20/37	24. Was disease or injury In any way related to occupation of deceased? 20
E O E	(Address) Howard - 190 - Grace May	If so, specify
	20, FILED 11/00, 1931 Alludu	(Signed) With E. Jawelt M.D.
47)	Registrar.	(Address) Couton berilo mid
0	If more blanks are needed address Slate Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gollstones	May 1,1923	Other contributory causes of importance:	1 year
			3,000

		PLACE OF DEATH	
	1	County Ballimett	(186-
1	Vil	Tillage or Citochumille (No.	
		2FULL NAME Wilber	2 %
		PERSONAL AND STATISTICAL PARTICULA	RS
	3 8	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	Isrung
	6 [	DATE OF BIRTH	-
		(Month) (Day)	1.895. (Yesr)
	7 /		ESS than
		9/ 1/2	min.?
	6	(a) Trade, profession or particular kind of work	٧
111	1 A	(b) General nature of industry business, or establishment in which employed or (employer)	
	9 E	(State or country) Pittsburg, Pa	• •
		10 NAME OF John B. Bae	•
	ENTS	OF FATHER (State or country) Wheeling, W.	Va.
	PARE	OF MOTHER Stelle Heur	*
		13 BIRTHPLACE OF MOTHER (State or Country)  Catholica (State or Country)	)a .
	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDG	E
		(Informant) Was Marcella Callo 6457 Danes an	e .
-	15		en la

12042

If more banks are needed, addre. . Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1)

### STATE OF MARYLAND CERTIFICATE OF DEATH

6-0	C.	-111111	7711	OI DE	-// 11	•
		Registr	ation D	ist. No.	A	
Ball	?	St.:	Ward)	(If death a hospital tion, give stead of number.)	or	institu- ME in- at and
	MEDICAL (	CERTIFIC	ATE O	F DEATH		
16 DATE OF	DEATH	ml	er	14	, 12	3K
17 I				(Dsy)		
	HEREBY CER	.192 to		nded the d		192
that I last se	w hali	ve on				192
an and that dea	th occurred o	n the date	stated a	bove, at//	.45	A.m.
s. The CAUSE	OF DEATH *	was as follo	ows:	10		
1.3 Jaa	Muse	0	peu	U.		
a	ccid	ent	a C	·		
about!	12 hour	(Duration	)	VIS.	mos	ds.
Contribut Seconda		75	1	s-Pret	1 6	3004_
dan		(Duration	1)	.yrs	mos	ds.
(Signed)	rough	VIBE	3chur Share	Co	700	M. D.
- Mov. 14	£ 1931 (A	ddress) Co	che	mil	4	
	the Disease suses, state ( Suicidal or Ho	(1) Means	Death, of Inju		aths i	
	OF RESIDE		Hospita	ls, Institu	tions,	Trans
At place of deathy	rsmos	ds.	In the State,	yrs	mos_	ds.
Where was dis	ease contracted	•	0 a a a a a a a a a a a a a a a a a a a			
Former or usual residence						**********
19 PLACE OF	BURIAL OR	REMOVAL		DATE OF	BUR	IAL
- Ou	reago.	Jel		glas.	8.	19.31
20 UNDERT	KER	^ ^	0	ADDRESS		
Al Wm.	. C. De	olot	Incl	Dear	hs	ned

7. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery
(a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Tealer," etc., without more precise specification as Dallaborer, Farm laborer, Laborer—Coal mine etc. er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wanten at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewite Housework, or At Home, and children, not gainfully employed as At school or At home, state occupation at beginning of illness. If retired from sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, For many occupations a single word or term on yrs). specifically the occupations of persons en-Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time, and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> PUERPERAL septicaemia," "PUERPERAL peritonitis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Examples: Accidental drowning, Struck by railway train—accident; Revolver would of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely "Inequition," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." taken. For VIOLENT DEATHS state MEANS OF INJURY atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease approved by Committee on Nomenclature (Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as con be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) Chronic interstitial nephritis, Whooping cough; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Chronic etc. The valvular heart contributory

If this certificate Is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD ENT MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS A PERM WRITE PL

V. 8 No. 1

14

PLACE OF DEATH	STATE OF MARYLAND
County Saltimake 10	CERTIFICATE OF DEATH
C 7110 M	Registration Dist. No. 44
Village or City (No.	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME Civily armon	Barrow tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale White Single, MARRIED, MIDOWED.  OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH  August 25, 1894	17 Of 2 1923/. to 1923/,
(Month) (Day) (Yesr)	that I last saw halive on the saw halive of the
7 AGE   If LESS than   I dayhrs.	and that death occurred on the date stated above, at
37 yrs mos ds. or min.?	The CAOSE OF DEATH - was as follows:
8 OCCUPATION (a) Trade, profession or June 1991 particular kind of work	Broncho Freumonia
(b) General nature of industry business, or establishment in	0 6
which employed or (employer)	(Duration) yrs. mos de.
9 BIRTHPLACE (State or country) Bulturiore, Md	Contributory Secondary  (Duration)  (Duration)  (Duration)  (Duration)
10 NAME OF George W. Herfel	(Signed) Varace 19. Titlow M.D.
OF FATHER  (State or country) Maryland	*State the Disesse Csusing Death, or, in deaths from Violent Causes, state (1) Mesns of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Comma Gerding	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Marykand	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) William Herfel	Former or usual residence
(Address) Essex, Mill	(ale Lawn nov. 7, 195/
Filed nov. 1981 Alin G. Connelly Registrary	20 WYDERTAKER Cornelly Cose
If more bianks are needed, addre.s State Registral	16 W. Saratoga St., Balto., Requesting N. S. No. 1.

12212

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., o approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, "Congenital," "Senile," etc.), "Dropsy,"
> ," "Heart failure," "Паетоггhage," Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3

S. No. 1

80

Exact

1PLACE OF DEATH	
County Baltimore	86
illage or City Revoters Lung (No.	V = 4+
2FULL NAME Bessie Dora Ba	2
PERSONAL AND STATISTICAL PARTICULARS	Ī
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	
DATE OF BIRTH	=
(Month) (Day) (Year)	)
AGE   If LESS the   day_hr	18.
occupation (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	
(State or country) Mary land	_
TO NAME OF Benjamin Franklin Barto	P
OF FATHER (State or country) Mary land	
of MOTHER Bessie Dora Heling	
18 BIRTHPLACE OF MOTHER (State or country)  Mary land	
(Internal) Florence C Heling (Address) Reislestown Mg.	
(Address) (Corrections)	

Filed nos 30 1921 H. M. Slas

12044

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 33

th olow	(If death escurred im a hospital or institu- tion, give Its NAME in- stand of street and number.)
MEDICAL CERTIFICATE O	F DEATH
	28 1923/
I HEREBY CERTIFY, That I atte	nded the deceased from
that I last saw han alive on The	2 82 , 1923/
and that death occursed on the date stated	above, atm,
The CAUSE OF DEATH * was as follows:	
Convilains	
(Duration)	yra
Contributory Secondary	
(Signed) Jo, M. Slasto	yrs
2 201923/ (Address) Pro	broken.
*State the Disease Causing Death, Violent Causes, state (1) Mesns of In Accidental, Suicidsl or Homicidal.	or, in deaths from iury and (2) whether
18 LENGTH OF RESIDENCE (For Hospit ients or Recent Residents)	ale, Institutions, Trans-
At place of death yis mos. ds. State	yrsds.
Where was disease contracted, if not at place of death?	
Former or usual residence	
Tinksurg Cemetery	More 30, 1931
20 UNDERTAKER June June	Reisters town

(Approved by U. S. Census and American Public Health Association.)

chousehold only (not paid Housekeepers who receive a tired 6 yrs). definite salary), may be entered as Housewife, Housewhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scruant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Housemaid, etc. If the occupation has been changed nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many fulness of various pursuits can be known. The questhe first line will be sufficient, c. g. Farmer or Planter, tion applies to each and every person, irrespective of eupation is very important, so that the relative health Statement of Occupation-Precise statement of ocreport specifically the occupations of Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Salesman. (b) Grocery; persons en-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, letanus) may be stated under the head of "contributory" American Medical Association.) approved carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,
"Inanition," "Marasmus," "Old Age," "Shock, stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature The nature of the injury, not

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.

/	PLACE OF DEATH	12845	STATE OF M	
/ (	County Gallerrore	95-6	CERTIFICATE  Registration D	0 0
Vill	age or City Chatlolance (No	easley	St.:Ward)	(If death occurred in a hospital or Institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	ME	DICAL CERTIFICATE O	F DEATH
3 9	Thegro.  A COLOR OR RACE S HINGLE, MARRIED, WIDOWED. CR DIVORCED (Write the word)	16 DATE OF DEA	Month)	/ Day) 193 (Year)
6 D	ATE OF BIRTH  May  (Niowth) (Day) (Year	that Hashaaw I	EBY CERTIFY, That I acce	about 102
7 A		han hrs. The CAUSE OF I	course on the date stated of DEATH * was as follows:	200/1
N. C.	a) Trade, profession or articular kind of work	Soil	anned.	you a
w	Usiness, or establishment in which employed or (employer)	Contributory	(Duration)	yrs de
	10 NAME OF Joseph Beaxles	(Signed) (G	(Duration)	Corones sless villo no
ENTS	OF FATHER (State or country) Sedector 7.6.		Disease Causing Death, s, state (1) Means of In- cidal or Homicidal.	or, in deaths from jury and (2) whether
PARE	of MOTHER Halle Capton		RESIDENCE (For Hospit	
	13 BIRTHPLACE OF MOTHER (State or country) Sedection M.	At place of deathyrs Where was disease	mos. ds. In the	yrsde
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWEEDGE	Former or	death?	
	(Address) /233 Sivision Di	19 PLACE OF BU	TOUTH OF REMOVAL	DATE OF BURIAL
15	Filed Now 11 131 Dec. Registral	man and a	Theusel X	Diddle-
	If more blanks are needed, address State Regis	trar, 16 W. Saratoga	St., Balto., Requesting V. S.	. No. 1.

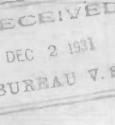
(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning cfillness. If retired from guged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons cnployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, Never return 'Laborer," "Foreman," "Manager," "Deal worked on may form part of the second statement. nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Foreman, engineer, Stationary fireman, etc. But in many or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman. without more precise specification as who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The (b) material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; "...obar pneumonia, Bronchopneumonia ("Pneumonia");

as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory". "Inanition," "Marasmus,
"Uracmia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart Janus," "Old Age," "Shock," carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumoniu (secondary), stited unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. (secondary or intercurrent) affection need not be Chronic interstit at nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma, FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic etc. The contributory valvular heart Always qualify all ," "Convulsions, disease; etc., of death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate is permanently filed.



	PLACE OF DEATH		14846 STATE OF MARYLAND
Cou	nty Baltimore	***************************************	CERTIFICATE OF DEATH Registration Dist. No. 30
Village	or City Woodlawn  2FULL NAME J		Thistlebloom Ave.  St.: Ward)  A hospital or institution, give its NAME instead of street and number.)
Je	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mal	e White	5 SINGLE, MARRIED, WIDOWED. Marrie OR DIVORCED (Write the word)	ed November 3 , 19x 31 (Month) (Day) (Year)
DATE	OF BIRTH		17 I HEREBY CERTIFY, That I attended the deceased from
	April 9	······································	374 that I last any him alive on Nov 3 not /
AGE	(Month)	(Day) (Y	
	57 yrs. 6	mos. 25 ds. or	hrs. The CAUSE OF DEATH * was as follows:
(a) T	PATION rade, profession or		0
	ular kind of work	Proprietor	
busin	ess, or establishment in a employed or (employer). Hor	se Transportatio	n (Duration)ds
BIRTI	HPLACE	gton County, Md.	Contributory
	name of Father Samu	el J. Beitler	(Signed) a.C. Such M.D. Low 5- 198 / (Address) 4509 Liberty Heights A
Z	(State of country)	nsylvania	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12	of MOTHER Catheri	ne Radenzer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13	BIRTHPLACE DF MOTHER (State or Country)	on County, Md.	At place of death yrs de State if Green de State
4 THE	ABOVE IS TRUE TO THE BEST	OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(1-	nformant) MI Franks	Beitler	Former or usual residence
(in	Woodleam	Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address)	117/11	I Lorraine Cemetery November 6 1931
File	d // 5- 195	Registr	1003 West
	If more branks are	0-11	gistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scruant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enwork, or At Home, and children, household only (not paid Housekcepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (re-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coal minc, etc. Womnot gainfully em-(6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, telanus) may be stated under the head of "contributory." cárbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; " "Marasmus," "Old Age," "Shock," Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4

PHYSICIANS should state Exact statement of OCCUPAitem of inforstated EXACTLY. WITH UNFADING INK-THIS IS A PERMANEN properly classified. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B.—WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

V. S. No. 1

(If death occurred in a horpital or institution, give its NAME instead of street and number)  Length of residence in city or town where death occurred yrs may death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U. S. if of foreign birth? yrs. mos.  2. FULL NAME  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DINORCED (write the word) OR DINORCED (write the word)  5a. If married, widowed, or divorced HUSBANO of (or) Wife of  22.  1 HEREBY CERTIFY, That I attended deceased (or) Wife of  1 Last saw h.s alive on Mov. (o 1937); death it to have occurred on the date stated above, at 8. COP. m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	STATE O		CERTIFICATE OF DEATH
Village or City Parketon  Length of residence in gity or tywn where death occurred  Length of residence in gity or tywn where death occurred  Length of residence in gity or tywn where death occurred  W. J. How long in U. S. If of foreign birth?  YE. MOW long in U. S. If of foreign birth?  YE. MOW long in U. S. If of foreign birth?  YE. MOW long in U. S. If of foreign birth?  YE. MOW long in U. S. If of foreign birth?  YE. MOW long in U. S. If of foreign birth?  YE. MOW long in U. S. If of foreign birth?  YE. MOW long in U. S. If of foreign birth?  YE. MOW long in U. S. If of foreign birth?  YE. MOW long in U. S. If of foreign birth?  YE. Ward.  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  Long in U. S. If of foreign birth?  YE. MARKED, WHOWED  (Month)  (Gay)  YE. MARKED, WHOWED  (Month)  (Gay)  YE. DATE OF DEATH  Long in U. S. If of foreign birth?  YE. DATE OF DEATH  Long in U. S. If of foreign birth?  YE. MARKED, Whowed, or divovered with years of the property of town and State  YE. DATE OF DEATH  Long in U. S. If of foreign birth?  YE. MARKED, WHOWED  (Month)  (Gay)  YE. DATE OF DEATH  Long in U. S. If of foreign birth?  YE. MARKED, WHOWED  (Month)  (Gay)  (Year  YE. DATE OF DEATH  Long in U. S. If of foreign birth?  YE. MARKED, WHOWED  (Month)  (Gay)  (Year  YE. DATE OF DEATH  Long in U. S. If of foreign birth?  YE. DATE OF DEATH  Long in U. S. If of the interest of the property of t	1 PLACE OF DEATH	(Il-o	D 7
Langh of residence in city or down where death occurred with the court of in a horpital or institution, give in NAME instead of street and number)  2. FULL NAME  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED  OR DIVORCED (write they profe)  5a. If married, widowed, or divorced HUSBAND  (Wonth)  (Won	County David		Registration Dist. No. 2.5
2. FULL NAME  (a) Residence: No.  (b) Ward.  (c) Residence: No.  (c) Ward.  (d) Residence: No.  (d) Reside	Village or City Parkler	1	
2. FULL NAME (a) Residence: No. (Unsiplace of abode)  (a) Residence: No. (Unsiplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR BYORCED (write hispands)  3. Il married, widowed, or divorced (or) Wife of (or) Wife or (or) Wife of (or) Wife of (or) Wife of (or) Wife or (or) Wife or (or) Wife or (or) Wife or (or) Wife or) Wife of (or) Wife or) Wife or (or) Wife or) Wife or) Wife or) Wife or (or) Wife or) Wif	Length of residence in city or town where de		
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED Curric theyword)  5. If married, widowed, or divorced HUSBAND  HUSBAND  10 April 16 April 1		00 m. 63	000.
Cluse  place of abode    If nonresident give city or town and State		W. 1161 V	
1. SEX    A. COLOR OR RACE   OR PIVORED ("orrite the grond)	(a) Residence: No.	(Usual place of abode)	
AGE Vers Month Days IT LESS than I day, and year) June 29-1915  B. ATE OF BIRTH (month, day, and year) June 29-1915  B. Trade, profession, or particular Saw Month Days IT LESS than I day, min.  B. Trade, profession, or particular Saw Month Days IT LESS than I day, min.  B. Trade, profession, or particular Saw Month Days IT LESS than I day min.  B. Trade, profession, or particular Saw Month Days IT LESS than I day min.  B. Trade, profession, or particular Saw Month Days IT LESS than I day min.  B. Trade, profession, or particular Saw Month Days IT LESS than I day min.  B. Trade, profession, or particular Saw Month Days IT LESS than I day min.  B. Trade, profession, or particular Saw Month Days IT LESS than I day min.  B. Trade, profession, or particular Saw Month Days IT LESS than I day min.  B. Trade, profession, or particular Saw Month Days IT LESS than I day min.  B. Trade, profession, or particular Saw Month Days IT LESS than I day min.  B. Trade, profession, or particular Saw Month Days I day min.  B. Trade, profession, or particular Saw Month Days I day min.  B. Trade, profession, or particular Saw Month Days I day min.  B. Trade, profession, or particular Saw Month Days I day min.  B. Trade, profession, or particular Saw Month Days I day min.  B. Trade, profession, or particular Saw Month Days I day min.  B. Trade, profession, or particular Saw Month Days I day min.  B. Trade, profession, or particular Saw Month Days I day min.  B. Trade, profession, or particular Saw Month Days I day min.  B. Trade, profession, or particular Saw Month Days I day min.  B. Trade, profession, or particular Saw Month Days I day min.  B. Trade, profession, or particular Saw Month Days I day min.  B. Trade, profession, or particular Saw Month Days I day min.  B. Trade, profession, or particular Saw Month Days I day min.  B. Trade, profession, or particular Saw Month Days I day min.  B. Trade, profession, or particular Days I day min.  B. Trade, profession, or particular Days I day min.  B. Trade, profession, or particular Days	PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. LI Married, widowed, or divorced HUSBAND or HUSBAND	Male Hete		lov, 6 1931
(or) WIFE of  Ch. 26 1934 to Nov. 6 1934.  AGE. Years Months Days II LESS than 1 to have occurred on the date stated above, at 8. COP. m.  To min.  8. Trade, profession, or particular kind of work done, as SPINNER. Colleged on the date stated above, at 8. COP. m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  SAWYER, BOOKKEEPER, etc.  10. Date deceased last worked at this occupation moint and year)  11. Total time (years) spant in this occupation.  Cisted or country)  12. BIRTHPLACE (city or town) State or country)  13. NAME  14. BIRTHPLACE (city or town) State or country)  15. MAIDEN NAME Security (State or country)  16. BIRTHPLACE (city or town) State or country)  17. INFORMANT Security (State or country)  18. BURIAL-DREMATIONS OR REMOVAL PROGRAM AND State)  19. UNDERTAKER A QUILLES OF MANAGE.  19. Manner of injury occurred in INDUSTRY, in HOME, or la PUBLIC PLACE.  Manner of injury way related to occupation of deceased?  19. Manner of injury way related to occupation of deceased?  19. Was disease or injury in any way related to occupation of deceased?	a. If married, widowed, or divorced	7	
AGE Veers Months Days If LESS than to have occurred on the date stated above, at 8, OPP, m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  SAWYER, BOOKKEPER, etc.  SAWAE, BOOKKEPER, etc.  SAWYER, BOOKKEPER, etc.  SAWYER, BOOKKEPER,			
AGE Years Months Days If LESS than I day	9,	29-1915	
1 dayhrs. ormin.  8. Trade, profession, or particular kind of work done, as SPINNER. Ofwind of work done, as SPINNER. Ofwind of work was done, as SPINNER. Ofwind was done as SPINNER. Ofwind was done was done was done with a spinner ofwind was done to external causes (VIOLENCE) fill in also the following:  12. BIRTHPLACE (city or town).			~
8. Trade, profession, or particular kind of work done, as SPINNER, College of the College of Sawyer, Bookkepper, etc.  9. Industry or business in which work was done as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spant in this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  17. INFORMANT  (Address)  18. BURIAL CREMATION OR REMOVAL  PROF. MAINER A COLLEGE (STATE OF COMPANION OF MAINER)  19. UNDERTAKER  19. What sieses or injury in any way related to occupation of deceased?  24. Was disease or injury in any way related to occupation of deceased?	11 11	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
kind of work done, as SPINNER, C	8 Trade profession or particular	. 0 1	were as follows:
2. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  7. INFORMANT (Address)  8. BURIAL-DEWMATION OR REMOVAD PHARMANT PHARMA	kind of work done, as SPINNER, CO	tollool.	Acada Broulde San a reason
Other Contributory Causes of Importance:    2. BIRTHPLACE (city or town)	9. Industry or business in which		The contract of the contract o
Other Contributory Causes of Importance:  2. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  7. INFORMANT (Address)  8. BURIAL-CREMATION OR REMOVAL PLACE  19. UNDERTAKER  10. Contributory Causes of Importance:  Other Contributory Causes of Importance:  Name of operation  Other Contributory Causes of Importance:  Other Contributory Causes of Importance:  Other Contributory Causes of Importance:  Name of operation  Other Contributory Causes of Importance:  Other Contributory Causes of Importance:  Other Contributory Causes of Importance:  Name of operation	SAW MILL, BANK, etc.		
Other Contributory Causes of Importance:  Other Contributory Causes of I		spent in this	
(State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  7. INFORMANT  (Address)  8. BURIAL-CREMATION OR REMOVAL  PROFITE OF THE PROPERTY OF THE P	year)	Occupation .	Other Contributory Causes of Importance:
13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  7. INFORMANT (Address)  8. BURIAL CREMATION OR REMOVAL PROCEEDINGS  9. UNDERTAKER  17. INFORMANT (Address)  18. BURIAL CREMATION OR REMOVAL PROCEEDINGS  9. UNDERTAKER  19. Name of operation Name of operation  Name of operation		(0 (0)	
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  7. INFORMANT (Address)  8. BURIAL CREMATION OR REMOVAL PROFESSION OF COUNTY  9. UNDERTAKER  17. What test confirmed diagnosis? Was there an autopsy?  What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide? Date of Injury, 19.  Where did Injury occur?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?	1 20 11	13000	- Inturgal
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  7. INFORMANT (Address)  8. BURIAL CREMATION OR REMOVAL PROFESSION OF COUNTY  9. UNDERTAKER  17. What test confirmed diagnosis? Was there an autopsy?  What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide? Date of Injury, 19.  Where did Injury occur?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?	13. NAME JOHN 9	160	- ( <i>J</i>
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  7. INFORMANT (Address)  8. BURIAL CREMATION OR REMOVAL PLACE (CITY OF LOWING)  19. Where did Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  Manner of injury  Nature of injury  9. UNDERTAKER  23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?  Date of Injury  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?	14. BIRTH(LACE (city or town)	eu Co	
(Specify city or town, county and State) 7. INFORMANT (Address) 8. BURIAL CREMATION OR REMOVAL PROFILE CREMATION OR REMOVAL 9. UNDERTAKER A CREMATION OF REMOVAL OF REM		Tolliant	
(Specify city or town, county and State) 7. INFORMANT (Address) 8. BURIAL CREMATION OR REMOVAL PROFILE CREMATION OR REMOVAL 9. UNDERTAKER A CREMATION OF REMOVAL OF REM	13. MAIDEN NAME	of B	
7. INFORMANT July Specify city or town, county and State) 7. INFORMANT July Confedence of Information of Large Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  9. UNDERTAKER A Confedence of Manner of Injury in any way related to occupation of deceased?	16. BIRTHPLACE (city or town)	wo co.	
Manner of injury	7. INFORMANT Jolege B	ell.	(Specify city or town, county and State)
9. UNDERTAKER A CONTROL OF MANAGED AND A CONTR		1 sug III.	
9. UNDERTAKER A antitory term of Monamakor 24. Was disease or injury in any way related to occupation of deceased?	phistrura beure	Estate 19	
S. UNDERTAREN T. T. S.	Bally co fruid	-1 Manage	
1 Su, specify	7 1 3	in I wowmaker	
n-c (Signed)	20 00	0 6 201.00	
20. FILED UV 8, 193   Memory Registrar. (Address) Memory Registrar. (Address) Memory Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		- W W	(Address) - New Freduy De

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ĺ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhoge	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 year
	-		

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLAITLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	tide should be carefully supplied. AGE should be stated E. TLY. IYSICIANS should state it in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very ructions on back of certificate.
TANENT	TLY.
A PERM	stated E.
THIS IS	should be
AG INK-	ied. AGE be proper
UNFADIR	fully supplithat it may errificate.
, WITH	tick hould be carefully support in plain terms, so that it manuctions on back of certificate.
LAWLY	tic hot in plain ructions on

Spec.—8-24-14—M. & T.—2000 Bks.		7	
HEALTH	DEPARTMENT—CITY	OF	BALTIMORE

12848

		CERTIFICAT	E OF DEATH. (2)		21/
1	1-PLACE OF DEATH	9	Em.	REGIST	ERED NO. C 0
C	FEDF BALTIMORE: (NO.	aher ave	ST.	WARD)	(If death occurred in a
	2-FULL NAME Stale	13-12	evarel	<b>**</b> A \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	hospital or institution, give its NAME instead of street and number and fill out No. 18.)
(F	Residence in Baltimore: No	heruse,	Back o	St.;	yrs.,ds.)
	PERSONAL AND STATISTICAL F	PARTICULARS.	MEDICAL	CERTIFICATE	OF DEATH.
3-S	EX. 4-COLOR OR RACE, White	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)	16-DATE OF DEATH	7	(Day) (Year)
6-D	ATE OF BIRTH, (Month)	(Day) (Year)	111/23	1913, to	I attended deceased from
7-A	GE, Still low.  TES	If LESS than I day		ed, on the date s	tated above, atm.
8-0	CCUPATION:  1) Trade, profession, or particular kind of work.  1) General nature of industry, business, or establishment in which employed (or employer).	A	The CAUSE OF DE.	ten	
9-B	IRTHPLACE, State or Country),	ne ?		(Duration)	yrsmosds.
NTS.	10-NAME OF FATHER,  11-BIRTHPLACE OF FATHER (State or Country),	Berns	(Signed), 1915/	V folk	
PARENTS.	OF MOTHER Jama	are Juffe	*State the Disease Castate (1) Means of Inj Homicidal.	USING DEATH, or, i	n deaths from VIOLENT CAUSES, ther Accidental, Suicidal, or
	13-BIRTHPLACE OF MOTHER (State or Country),		SIENTS, OR RECENT	RESIGENTS).	ospitals, Institutions. Tran-
14-	THE ABOVE IS TRUE TO THE BEST	OF MY KNOWLEDGE.	Where wes disease contracted, if not at place of death?		
	(Informant) James & 3	1 04	Former or usual residence		
	(Address). Goster Cité	- Galle hid	19-PLACE OF BURIA	L OR REMOVAL	DATE OF BURIAL
15-	Marril al Mary	012.1	Bethel Cem	etory	nos 24., 1911.
File	ed. W. W	Lef Registrar.	20-UNDERTAKER  E. G. Kein	\$ Sou	ADDRESS Carrettsville
			0		mol.

indicated thus: Farmer (retired, 6 yrs.). For persons who have no occupation whatever, write None. or At home, and children, not gainfully employed, as At school or At home. Care should be taken to borer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite amples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part CAUSING DEATH, state occupation at beginning of changed or given up on account of the DISEASE report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been salary), may be entered as Housewife, Housework, of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary more precise specification, as Day laborer, Farm lament; it should be used only when needed. As exan additional line is provided for the latter statenature of the business or industry, and, therefore, to know (a) the kind of work, and also (b) the tor, Architect, Locomotive engineer, Civil engineer, cient, e. g., Farmer or Planter, Physician, Composisingle word or term on the first line will be suffiperson, irrespective of age. For many occupations a statement of occupation is very important, so that the relative healthfulness of various pursuits can be STATEMENT OF If retired from business, that fact may be The question applies to each and every OCCUPATION.—Precise

Name, first, the DISEASE CAUSING DEATH.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Broncho pneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of

INJURY and qualify as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracnus) may be stated under the head of "Contribubility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræport mere symptoms or terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dephy," "Collapse," "Coma," "Convulsions," "Convul ample: Measles (disease causing death), 29 ds.; Broncho pneumonia (secondary), 10 ds. Never reaffection need not be stated unless important. valvular heart disease; Chronie interstitual nephritis; coma, etc., of...... (name origin; "Cancer" is less definite; avoid use of "Tumor for malignant neoplasms); Measles; Whooping cough; Chronic undertaken. be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as lungs, meninges, peritoneum, etc., Carcinoma, Sar-"PUERPERAL septienamia," "PUERPERAL peritonitis, . Weakness, The contributory (secondary or intercurrent) State cause for which surgical operation was For VIOLENT DEATHS state MEANS OF " etc., when a definite disease can

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death:

Abortion, Cellulitis, Childbirth, Convulsions, Hamorrhage, Gastritis, Erysipelas, Meningitis, Gangrene, Miscarriage, Necrosis, Peritonitis, Phlebitis, Pyamia, Septicamia, Tetanus.

The following must be referred to a Coroner:

Deaths due to accident (if criminal negligence possibly involved); Suicides, Homicides, Abortions (if induced), whether death is directly or indirectly due to the same.

S. No.

/	PLACE County, Ba	OF DEATH		(2.3)	12049	STATE OF CERTIFICATE Registration	OF DEATH
v		Catonsville			ook Road	St.: Ward	46.1
	PERSON	AL AND STATIST	ICAL PARTICULA	ARS	MED	ICAL CERTIFICATE	OF DEATH
	Male	4 COLOR OR RACE White	SINGLE, MARRIED, SI WIDOWED. OR DIVORCED (Write the word)	ngle		November 1	
6	DATE OF BIRT	н March (Month		1.890 (Year)	17 I HERE	BY CERTIFY, That I att	tended the deceased from , 192 8 ,
7	AGE	41 yrs. 7	7.0	LESS than day hrs.		curred on the date stated	labove, at 4.30 A.m.
アンク	(b) General nat business, or est	of work ture of industry ablishment in d or (employer) Baltimo:	re		Contributory Secondary	Progration)	Juknon
-	10 NAME OF	Maryland	D. Bokel		(Signed)	(Duration)	M. D.
RENTS	OF FATHE (State or	R Bal	timore, Md.		*State the	2 (Address) 2027 W Disease Causing Death, state (1) Means of In	
PARE	12 MAIDEN I		E. Gosnell			RESIDENCE (For Hospi	tals, Institutions, Trans-
	13 BIRTHPLA OF MOTHE (State or C	R Baltime	ore, Md.		At place of deathyrs	ds. In the	Life. mos. ds.
14	(Informant)	Mr Paul She:	rwood		if not at place of d Former or usual residence	IAL OR REMOVAL	DATE OF BURIAL
15	Filed #	2 1925 If more banks are		ejetrar a Kogistrar	20 UNDERTAKER  OLE  , 16 W. Saratoga St.	, Balto., Requesting V.	1003 West Baltimore St.
					/		

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process. To an abover—Coal minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physiciun, the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enwhatever, write None. business, that fact may be indicated thus; Farmer (re-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

RECEITAND

10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease ..... (name origin; "Cancer" is lcss definite; avoid use of "Tumor" for malignant neoplasms); Measles; ingcs, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Inanition," "Marasunus,
"Traemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Inemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephrilis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Enhaustion," "Heart range," "Old Age," "Shock," "Transition," "Marasmus," "Old Age," "Shock, tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions,

If this certificate is docked over thoroughly and all qu stions answered in detail, it will preject further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

	PLACE OF DEATH County Declins	STATE OF MARYLAND CERTIFICATE OF DEATH
	Village or City Carpeyvilla 1887	Registration Dist. No.  Ward)  St.: Ward)  Ward)  Ward)  Ward)  Ward)  Ward)  Ward)  Ward)  Ward)  St.: Ward)  War
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Yamah The Wilder (Write the word)	16 DATE OF DEATH (Wonth) (Day) (Year)
	(Month) (Day) (Year)	that I last saw h Malive on SON 2 1921, 192.
	AGE  65 yrs. 10 mos. 9 ds. or min.?	and that death occurred on the date stated above, at 410 pm. The CAUSE OF DEATH * was asyfolioys: 693000000000000000000000000000000000000
	(a) Trade, profession or particular kind of work  (b) General nature of industry	
4	business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)	Contributory Parally V V Mos B ds.  Contributory Secondary  Resolved as Outston Suration V Mos Mos Mos ds.
	10 NAME OF COSMULING COMBS	(Signed) 1931 (Address) Collas view W
	OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  10 MAIDEN NAME  10 MAIDEN NAME  11 MAIDEN NAME  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER MATERIAL CONTROL OF MOTHER (State or Country)	At place of deathyrsmosds.  Where was disease contracted,
1	(Informant)	Former or usual residence
The second secon	(Address) // Address) // (Address) // (Addre	20 UNDERTAKER DENSON ADDRESS A
	LOYMA Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Nerrand, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer out mine, etc. woun-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocetc., For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womthat fact may be indicated thus; Farmer (rewithout more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, (6) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphul fever (the only definite synonym is "Epidemic cerebrosphal-meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritorities," etc. causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal condiuse of "Tumor" approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS State MEANS OF INJULY can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar/ Whooping cough; Chronic Chronic interstitial nephrilis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of "Atrophy." "Collapse." "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be for malignant neoplasms); Measles; Chronic valvular heart disease, Example: Measles (disease etc. The contributory death

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDIN ROIN

1 PLACE OF DEATH	STATE OF MARYLAND
County Balto	CERTIFICATE OF DEATH  Registration Dist, No.
Village or City Batomer Mary 6. B	ladale and, St.; Ward)  [If death occurred le a hospital or Institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female white (Write the word)	16 DATE OF DEATH Roysuber 7, 1934 (Month) (Day (Year)
8 DATE OF BIRTH	august 15 1031 . November 7 1031
7 AGE (Month) (Day (Year)  7 AGE (Box 1   1859 (Year)  7 AGE (Box 1   1859 (Year)  7 AGE (Month) (Day (Year)  1	that I last aaw h. est alive on Nov sould 7 1931 and that death occurred on the date stated above, at 1,5 pm.  The CAUSE OF DEATH* was as follows:
B OCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Chronic Interstities replinitis  (Buration) yrs 4 mos ds.
(State or country) Rome Pa	Gontributory Deabetes Metteles Secondary  (Duration) J yrs mos ds
10 NAME OF FATHER CHICKLEW Fosliv  11 BIRTHPLACE OF FATHER  D	(Signed) Wither Ber Fort- "/7, 1931 (Address) 20 E. Pressen &."
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  ARRUETT Schuller	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs, mos ds. State yrs, mos ds
(Informant) M. Frank J. Boyle	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BUBIAL OR REMOVAL BATE OF BURIAL
(Address) 12 Cancace are	20 UNDERTAKER 7 FULL ADDRESS
If more blanks are modern State Regist	rar, 6 E. Frankij St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie eero-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichaegenital," "Senile," etc.), "Dropsy," mere symptoms or terminal conditions, such as "Aseer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. The contributory Always qualify all diseases resulting from Measles (disease eausing (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; State cause for "Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 4 1931

V. S. No. 1

Y, PHYSI- led. Exact	PLACE OF DEATH . County Saltmure	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3
property classified.	Village or City Man Sparks (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is stend of street and number.)
ope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
may be pr n back of	Jemale White Single, Marie, Maried, Marie, OR DIVORCED (Write the word)	16 DATE OF DEATH DT. 1924 (Month) (Day) (Year)
5	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Year)	that I last saw halive on, 192, 192,
3	7 AGE   If LESS than   I dayhrs. ormin.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
rtant. See Instr	6 OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Cotion the road to Spanks " the road to Glencor, about the miles above Coefeywills. Cut R. mos do
0	9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE  11 BIRTHPLACE	Contributory Secondary  (Dyration)  (Signed)  (Signed)  (Address)  (Dyration)  (Dyration)
2014	OF FATHER (State or country)  12 Maiden Name OF MOTHER  13 BIRTHPLACE OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  1D LINGTH OF RESIDENCE (For Biospitals, Institutions, Transients or Recent Residents)  At place In the
nt of OC	(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsmosds, Stateyrsmosds Where was disease contracted, it not at place of des h? Former or usual residence
statemer	(Informant) Poultoy M. a.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  WILLIAM OF BURIAL  20 UM DERTAKER  ADDRESS

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Civil engineer, Stationary froman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the to report Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman. (b) Compositor, specifically the occupations of persons en-For persons who have no occupation (b) Automobile factory. The material Architect, Locomolive engineer, Grocery;

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

inges, ferilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertlonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be st\_ted unless important. Example: Measles (disease Whooping cough; lelanus) may be stated under the head of "contributory." State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy." "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The valvular heart disease; contributory Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County Hallings 128	
B. 1.1.	Registration Dist. No. 40
Village or City (No	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME John William	Brown, tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Maky  4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH Feb 11 , 1847	17 I HEREBY CERTIFY, That Vattended the deceased from 1923/. to 1923/.
(Month) (Day) (Year)	that I last saw h Malive on 1924,
7 AGE    If LESS than   I day hrs.	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work	Christel Harmonhope
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos 2 ds.
9 BIRTHPLACE (State or country) Menuleugh	Contributory Secondary (Durston) Tyra
10 NAME OF FATHER JACK Brown	(Signed) M. D.  (Signed) M. D.  (Address) Edg ELLVY of 24. X
OF FATHER (State or country) Merry land,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Vorume Cattrison	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  Menyland	ients or Recent Residents)  At place In the of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deah?
(Informand Herbert Brown	Former or usual residence
(Address) Bud stary	Loreley M.C. Centery Nov 10. 1931
Filed // 8, 193/ 9, FAGor Such Registrar	David Dandson upper Jalls.
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

be stated EXACTLY, PHYSI-CORD TN , WITH UNFADING INK--THIS IS A PERM. MARGIN RESERVED FOR BIND

WRITE PL.



# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many If the occupation has been changed Locomotive engineer, As examples: (a)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Iraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-(secondary or intercurrent) American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature of the ," "Convulsions,

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

404 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Balto. Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-Village or City Rosedale Chesako Ave (No. St.: Ward) stead of street and number.) 2FULL NAME Mary Bures PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE | 5 SINGLE, 3 SEX 16 DATE OF DEATH MARRIED. November. 22. 19231 .... WIDOWED. OR DIVORCED Married may b emale White (Month) (Year).... I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH mr/ 1923. to /mr22, 1923/ See instructions Ilnknown ..... (Month) (Year) (Day) and that death occurred on the date stated above, at 9.30 Am If LESS than 7 AGE I day hrs. The CAUSE OF DEATH \* was as follows: ds. or min.? B OCCUPATION (a) Trade, profession or House piain particular kind of work s very important. (b) General nature of industry business, or establishment in which employed or (employer) EATH 9 BIRTHPLACE Secondary (State or country) Austria 10 NAME OF FATHER Vaclav Levy 0 192 / (Address) 2. 11 BIRTHPLACE \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER RENT Austria (State or country) 12 MAIDEN NAME IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER Antonia Hranac ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER State vrs......mos... of death yrs mos ds. Austria (State or country) Where was disease contracted, if not at place of death?..... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or usual residence..... Joseph Bures (Informati) DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL (Address Rosedale Md. Nov. 25. 19.31 Holy Redeemer 20 UNDERTAKER ADDRESS Filed 200123 1981 Frank Cvach & Son 1906 Ashland Ave If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesmon. (b) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed tion applies to each and every person, irrespective of Foreman, (b) Automobile factory. The materia or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Doy For persons who have no occupation Stationory fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; L. chopneumonia (secondary), stated unless important Example: Measles (disease corbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic valvulor heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway troin-(secondary unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Corcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be

If this certificate is looked over theroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

OF MOTHER

(State or Country)

16054

### STATE OF MARYLAND CERTIFICATE OF DEATH

(Year)

Registration Dist. No.

1	St.: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH
/	[ 25, 1921
_	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
-	1981 to MW 25, 1923)
	that I last saw h Any alive on how 24 1931
-	that I last saw h san alive on 200 24 , 1925, and that death occurred on the date stated above, at 40 m.
n s.	The CAUSE OF DEATH * was as follows:
2	THE CAUSE OF BEATH * Was as follows:
	Appetoplin Comment of Free
	(Duration)
-	Contributory Secondary acts dellata head
_	(Signed) B. Surmanlin M. D.
-	11-25 1981 (Address) & Jacks ing
_	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
_	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	As allow

of death ... ....yrs........mos.......ds. Where was disease contracted,

if not at place of death?

Former or ususl residence

OR REMOVAL

DATE OF BURIAL

If more bianks are needed, addrass State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. 💪

WRITE PI

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specimeanon as ray laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engincer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect, to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanius) may be stated under the head of "contributory." Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by stated unless important. Example: Measles (disease approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthonia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, periionaeum, etc., Carcinoma, Sarcoma, etc., oi American Medical Association.) Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uracmia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, Whooping cough; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, Never report mere symptoms or terminal condior intercurrent) affection Chronic valvular heart disease; ," "Coma," "Convulsions, etc. The contributory need not be

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properly classified. of certificate. BINDING that it may be See Instructions on back pinous ACE FOR A carefully supplied. WITH UNFADING INK--THIS MARGIN RESERVED Every item of Information should be carefully CIANS should state CAUSE OF DEATH in plai statement of OCCUPATION is very important, WRITE PL

Exact

		-
	PLACE OF DEATH	-
	County Bultimore	(
Vil	lage or City Spanles (No.	_
	2FULL NAME Sida Mice	ard.
	PERSONAL AND STATISTICAL PARTICULARS	
3 9	SEX 4 COLOR OR RACE SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	1
6 0	DATE OF BIRTH  June 21, 1906	-
	(Month) (Day) (Year)	t
7 A	If LESS than I day hrs. or min.?	7
() p () b	OCCUPATION a) Trade, profession or	. 6.
9 E	(State or country) Balto. Co., Md.	
	10 NAME OF Danl. H. Biron	(
RENTS	11 BIRTHPLACE OF FATHER (State or country)	
PARE	12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	-
-	13 BIRTHPLACE OF MOTHER (State or Country) Balto. Co., W.d.	10
14	(Informant) . Municipal Control of MY KNOWLEDGE	I
	00000	

STATE OF MARYLAND

055

If more bianks are needed, addysia State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

CERTIFICATE OF DEATH

Registration Dist. No.

St.:Ward)	a hospital	* NAME in
-0 /	stead of	street and
tler	number.)	-

16 DATE OF DEATH	Nov.		1932/
**************************************	(Month)	(Day)	(Year)
	RTIFY, That I		
***************************************	192to	**********	, 192,
that I last saw halive on			, 192,
and that death occurred	on the date sta	ted above, at	m,
The CAUSE OF DEATH			
	L (Willes		
autound	ele accus	deut): 0	whe york
Road, letween the re			V -
coe , about two or t	hree (Buralion) al	fore Sockeyer	lle Cugar
Contributory	***************************************	d 4 man máis de n 4 agus 6 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	***************************************
(Signed)	(Daration)	the bo	rough.
*State the Diseas Violent Causes, state Accidental, Suicidal or I	· Constant Day	43 2- 3-	aths from Whother
18 LENGTH OF RESID		spitals, Institu	tions, Trans-
At place of deathyrsmos.	ds. In	the Stateyrs	mosds,
Where was disease contracte if not at place of death?	ed,	1000-0-0000-000	**************************************
Former or usual residence			***************************************
19 PLACE OF BURIAL O	RREMOVAL	DATE OF	FBURIAL
Und Ked	lse	9hr. 2	1501
	1	1	

MEDICAL CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs). business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, uner, (b) Cotton mill; (a) Salesman, (b) Groccry; Foreman, (b) Automobile factory. The material For many occupations a single word or term on specifically the occupations of persons en-Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal lever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

> tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underatic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory

If this certificate is tooked, only thoroughly and all questions answered in detail-it will pevent further correspondence. All the data is essential and must be obtained before the certificate is permanently find.

TE BOBIL VED

N. B.-Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact CORD LU MARGIN RESERVED FOR BINDING WITH UNFADING INK-THIS IS A PERM WRITE PL

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Bala	CERTIFICATE OF DEATH
	Registration Dist, No.
Village or City Souths (No	St.: Ward) (if death occurred a hospital or institution, give its NAME is stead of street as number.)
PERSONAL AND STATISTICAL PARTICULA	ARS MEDICAL CERTIFICATE OF DEATH
male White Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	assed 16 DATE OF DEATH 11 25, 1925  (Month) (Day) (Year)
6 DATE OF BIRTH  March  (Month) (Day)	18 1 I HEREBY CERTIFY, That I attended the deceased from 1929 to 1929 that 1 last saw h Am alive on 1925 1928
	LESS than day hrs. min.?  The CAUSE OF DEATH * was as follows:
a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	Carcinona Strmark
9 BIRTHPLACE (State or country)  Balls	Contributory Secondary  A.(Duration)  mos
10 NAME OF FATHER John Chilerah	(Signed) 192/ (Address) Jarks Md.
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother mary Brooks  13 BIRTHPLACE OF MOTHER  OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the
(State or Country)	ot death
	Former or usual residence
(Informant) Carl Curlerar (Address) Sans M	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Bisley Centery 11-27, 193
15 Filed Mr. Z6 193 1 83 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1	20 UN DERTAKER ADDRESS gistrar ma C. Browns & Laches
If more blanks are needed, address State	e Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs). household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) whatever, write Nonc. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, additional line is provided for the latter statement; it or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farmi laborer, (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Compositor, Architect, Locomotive For persons who have no occupation Laborer-Coal mine, etc. Womengineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

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If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH
F	DEATH		(434C)		

1	PLACE OF DEA	STATE C	OF MAR	YLAND—	CERTIFICATE OF DEATH 128	57
/	County Ral	timore			Registration Dist. No. 43	3
	Village Dr CityR  Length of residence in				No. Summit Ave St., death occurred in a horpital or institution, give its NAME instead of street and not ds. How long in U.S. if of foreign birth?	
2	. FULL NAME					
	(a) Residence: No.	Summit	Ave. &	Ridge Ros	Region of the state of the stat	State
	PERSONAL A	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
F	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single				21. DATE OF DEATH  23  (Month)  23	193 (Year)
5a.	If married, widowed, or div HUSBAND of (or) WIFE of	vorced			22. I HEREBY CERTIFY, That I attended of	eceased from
6. I	DATE OF BIRTH (month, d	ay, and year) J 8	an. 6,	1855	I fast saw h alive on how 2 h ,19 J [	; death is said
7. /	AGE Yeers	Months	Days	If LESS than 1 day,hrs. ormin.	to heve occurred on the dete stated above, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	
NOIL OCCUPATION	8. Trede, profession, or kind of work dons SAWYER, BDDKKI 9. Industry or business work was done, as SAW MILL, BANK 10. Date deceased last w this occupetion (m year)	as SPINNER, EEPER, etcin which sSILK MILL, etcorked at oonth and	sp oc	OM E time (years) ent in this supetion	Dernicion Andria	Jan 193
~	(State or country)	hn Chris	a t		Column hydanders	
FATHER	14. BIRTHPLACE (city or (State or country)	town)	nany		Name of operation Dete of What test confirmed diagnosis?	4
	16. BIRTHPLACE (city or (State or country)  INFDRMANT W (Address R BURIAL, CREMATION, DR	illiam laspeburg	ermany F. Chris		23. If death wes due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?	, 19
19.	Place Zion I  UNDERTAKER Jud  (Address) 74	wiel La	ir Road	far	Nature of injury  24. Was disease or injury In any way related to occupation of deceased?	
20.	FILED 11/24	, 19.31	a. Fr	Registrar.	(Signed) Color and H. Buson. (Address) OVCULA, his	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

	II (II LI (II L	140	DAG
1. PLACE OF DEATH		(1/9)	
County Baltimore		Registration Dist. No.	3
Village or City Glen Arm		Np. Hartley Mills Road st.	Ward
		death occurred in a hospital or institution, give its NAME instead of street and n	umber)
	Section 1 to the second section 1	ds. How long in U.S. if of foreign birth?yrsmo	sds.
2. FULL NAME Arthur Ross	Ulass		
(a) Residence: No. Glen Arm		St., Ward.	
	sual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	
ORI	ILE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH	. 193. 7
male White		Nov 7th, (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of		22 I HEREBY CERTIFY. That I attended o	deceased from
(or) WIFE of		Mark a. Der Y	193/
6. DATE OF BIRTH (month, day, and year)	13th. 1931	I last saw h min alive on Prv 7 1931	
	Days If LESS than	to have occurred on the date stated above, at 7:45P.m.	, 404111 10 0414
	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	25 ormin.	were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.		Aurhea	NN4
			-104
SAW MILL, BANK, etc.		Infective Caroliles	Nors
this occupetion (month and	1. Totel time (years) spent in this		
year)	occupation	Dther Contributory Canses of importance:	
12. BIRTHPLACE (city or town) Balto. Co	ρ.,	A ( 7 °	
(State or country)		Inamelin	
13. NAME John George Clas	38		
14. BIRTHPLACE (city or town) Balto.	20.	Name of operation Date of	
(State or country) Md.		What test confirmed diagnosis? Was there en au	utopsy?
15. MAIDEN NAME Cora V. Smith	3	23. If death was due to external causes (VIOLENCE) fill in also the following:	:
16. BIRTHPLACE (city or town) Balto.	Co.	Accident, suicide, or homicide? Date of Injury	, 19
(State or country) Md.		Where did injury occur?	
17. INFORMANT John George C:	lass	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
(Address) Glen Arm, Md.			
18. BURIAL, CREMATION, OR REMOVAL	Nov 9 2.	Manner of injury	
Place St. Johns Luth. Date	19.3 /	Neture of injury	
19. UNDERTAKER Tredenich Jassa	hud In	24. Was disease or injury in any way releted to occupation of deceased?	
(Address)		If so, specify	
2D FILED 11/9 19.3/ D. A.	Fit MA	(Signed) Demys Cm	- M. D
20. TICED	Registrar.	(Address) 5305 Human	Rol

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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E	xample I		Example II		
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Arterioselerosis	A 4- and	1915	Attack of epilepsy	1 week ago	
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Cerebral hemorrhage	DEC 3 AREA	July 5, 1927	Peritonitis	3 days ago	
	1 - 1 - 1	T. (			
	A. J. Carlotter	- 1	* #		
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
			the time		

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PERMANE. BINDIN FOR SI THIS MARGIN RESERVED UNFADING INK-

state of infor-OCCUPA-1. PLACE OF DEATH should County 5 Registration Dist. No. item (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Every Length of residence In city or town where death occurred ds. How long In U.S. if of foreign birth?. statement (Usual place of abode If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) CTL classified. 5a. If married, widowed, or divorced HUSBAND of 22. (or) WIFE of × E certificate. 6. DATE OF BIRTH (month, day, and year) properly Montke 7. AGE Years If LESS than Days to have occurred on the date stated above, al 1 day, .... -- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ..... min. Date of onset 8. Trade, profession, or particular CUPATION kind of work done, as SPINNER. Jo SAWYER, BDDKKEEPER, etc. may back 9. Industry or business in which plnods work was done, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_ on 10. Date deceased lest worked at 11. Total time (years) this occupation (month end spent in this that occupation . instructions Other Coutributory Causes of importance 12. BIRTHPLACE (city or town (State or country) terms, FATHER See ain 14. BIRTHPLACE (city or tow (State or country) carefully What test confirmed diagnosis? Was there an autopsy?\_\_\_\_ D MOTHER 15. MAIDEN NAME important. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_ should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. very 17. INFORMAN (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE CAUSE mation Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased (Address) If so, specify (Signed) 20, FILED. Registrar. (Address) \_\_\_ See Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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BUREAU V. S.		•		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FSERVE

0

MARGIN

(Approved by U. S. Census and American Public Health Association.)

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permanently filed.

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"Enhaustion," "Heart Innure, "Old Age," "Shock, "Inanition," "Marasmus," "Old Age," "Shock, "when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of death If this certificate is looked over thoroughly and a'l qu stions "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature "" "Weakness," etc., when a definite disease Chronic Example: Measles (disease etc. The contributory valvular heart disease;

B.-WRITE PLAINLY,

S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Every item of infor-

of OCCUPA-

Exact statement

STATE OF	MARYL	AND-CE	RTJFICATE	OF	DEATH	-
		11043	1			

12861

1	1. PLACE OF DEATH			(731)	- 1000	1
/	County Baltimo	re			Registration Dist. No. 43	
	Village or City Penn	y Hall			No. Belair Road st.	Ward
	Length of residence in city or to	wn where death	occurred		death occurred in a hospital or institution, give its NAME instead of street and numds. How long in U.S. if of foreign birth?yrsmos	
		ederic				
					St., Ward.	
-	(a) Residence: No. Be		(Usual place of	f abode)	If nonresident give city or town and Sta	le
	PERSONAL AND ST	TATISTICA	L PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
	SEX 4. COLOR OR Whit		SINGLE, MARK OR DIVORCED Sing	tied, Widowed, (write the word)	21. DATE OF DEATH  November 27th, (Day)	)3 <u>1</u> (Year)
5a.	. If married, widowed, or divorced HUSBAND of					
	(or) WIFE of	90 es 60			22.   HEREBY CERTIFY, That I attended dec	19 3'
6.	DATE OF BIRTH (month, day, and y	ear) Feb	. 22.	1886	I last saw h alive on how 27 , 19.3/; d	eath is said
-	1	Months	Days	If LESS than	to heve occurred he date stated above, et 12:15.P. M.	
	45	9	5	1 day,hrs.	The PRINCIPAL CA SE OF DEATH and related causes of Importence were as follows:	ate of onset
N	8. Trade, profession, or perticula kind of work done, as SPI SAWYER, BDOKKEEPER, et	r NNER. —				
TIO	SAWYER, BOOKKEEPER, et		armer.			162
OCCUPATION	work wes done, as SILK M SAW MILL, BANK, etc	ILL,			Chimes my o coolers	775
000	10. Date deceased last worked at this occupation (month end year)			me (years) t i n this pation		
12		alto.	Co.		Dther Contributory Causes of importance:	3/
ER	13. NAME John Dei	tz			Yana and and and and and and and and and	
FATHER	14. BIRTHPLACE (city or town) (State or country)	Germa	ny		Name of operation Date of What test confirmed diagnosis? Was there an auto	osv?
ER	15. MAIDEN NAME Kath	erine	Pillha	efer	23. If death was due to externel causes (VIOLENCE) fill In also the following:	
MOTHER	16. BIRTHPLACE (city or town) (State or country)	Balto.	Co		Accident, suicide, or homicide? Date of injury Where did injury occur?	., 19
17	INFORMAN Henry D	eitz,	đ.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18	Burtal, CREMATION, OR REMOVE		ate_NQV	30,,19 31	Manner of Injury	
19	UNDERTAKER Tudere (Address) 7401 Be	lair R	oad.	Mad	24. Was disease or Injury In any way related to occupation of deceased?	
20	FILED 11/24 , 1931	A. a.	Fish 1	M. 19. Registrar.	(Signed) (Baukheur (Address) Maple and Bay Page 1994)	M. D.
		If more blans	ks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write honsewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Į.	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BULEVA					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-OCCUPA-Jo Exact statement AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. mation should be carefully supplied. TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Ballmare	Registration Dist. No.
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME And A Dielel	ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Wise and	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a. It married, widowed, or divorced HUSBAND of (or) WIFE of  Ohn M Diehl	23. I HEREBY CERTIFY, That I extended deceased from Provenites 15, 1931
6. DATE OF BIRTH (month, dey, and year) Que 26 /860	I last saw her alive on November 15, 19.3/; death is said
7. AGE Yeers Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 10 42 7 m.  The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER, House work SAWYER, BOOKKEEPER, etc.	Date of onest
9. Industry or business in which work wes done, as SILK MILL.	
SAW MILL, BANK, etc.  10. Date deceased last worked at this occupetion (month and year)  11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Bulting and Mod	Other Cantributary Causes of importence:
13. NAME William Remecke	
I4. BIRTHPLACE (city or town) Service (Stete or country)	Name of operation
15. MAIDEN NAME Dora Vormaster	23. If death wes due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMAN Less Elizabeth a Dieble (Address) His One Baltinger Co mid	Where did injury occur?
18. BURIAL, CREMITION, OR REMOVAL Place Schwartz innetery Date Mov 18, 1931	Manner of Injury
19. UNDERTAKER The H. Denny (Address) 715 hight St. Baltonove Ind.	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 11/17/3/19 DMCOaren Registrar.	(Signed) Unelia 6 July M. D. (Address) 1717 H. Caroline St
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE F	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN MARGIN

RESERVED

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwork, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed as Al school, or Al home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Physician, Compositor, Architect, Locomotive engineer, Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs .. Farm laborer, Luborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and eonsequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection more (disease important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely can be ascertained as the cause. Always qualify all ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train "Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic valvular heart disease, etc. The contributory Measles;

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PLACE OF DEATH	14004
	STATE OF MARYLAND
County Balto.	CERTIFICATE OF DEATH
	Registration Dist. No. 33
Village or City Restintour My No. Mr Ple	Pasant Sanat St.: Ward) a hospital or institu
2 FULL NAME Miss. Sonia En	of steet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
Temale White WIDOWED.	, 192
(Write the word)	November (Month) 12 (Day) (Year) 192
6 DATE OF BIRTH	17 / I HEREBY CERTIFY, That I attended the deceased from
May 13 1911	July 16 1930 to November 12,1931
May 13, 1911 (Month) (Day) (Year)	that I last saw her alive on November 12, 1931
	0 2 . 5
in ELESS that	
20 yrs. 5 mos. 30 ds. or min.	The CAUSE OF DEATH * was as follows:
6 OCCUPATION	
(a) Trade, profession or particular kind of work	Whenay wherewer
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. 7 mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
1 10 NAME OF	(Derstion) yrs mos ds.
FATHER CLO I GO A I	(Signed) Albert (11 Mrs.) M. D.
11 BIRTHPLACE	My 14 190/ (Address) Recolement
H OF FATHER	
W Cook	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Rachel Thish	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER P	At place of death 1 yrs 3 mos 4 ds. In the State yrs ds.
(State or County)	
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Bulto if not at place of dea.h?
(Informant) Select Westph (durant)	Former or usual residence 2200 Mandaumin ave
(Address) VIOO Mondarmi Cera, Helly	John Risedale 11/12/3, 19
Filed Nov 12 1923/ Drinklands	20 UNDERTAKER . Con 1429 & Both
	Land Man Sar 1,21 Cilled
If more blanks are needed, address tate Register	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enworked on may form part of the second statement. For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The valvular heart disease; contributory

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PLACE OF DEATH County Baltimore	<u> </u>	STATE OF MARYLAN CERTIFICATE OF DEA Registration Dist. No.	
Village or City Lake Rolan  2FULL NAME	d (No. Leonard A. Feus	St.: Ward) (If death of a hospital of tion, give its stead of a number.)	r institu
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE Male White	SSINGLE. MARRIED. Married WIDOWED OR DIVORCED (Write the word)	November 20, 1931 (Month) (Day)	
6 DATE OF BIRTH Sept. (Month		that I last saw he halive on 2013	3d from
8 OCCUPATION (a) Trade, profession or	mos. 8 ds. If LESS than I day hrs. or min.?	The Stust OF DEATH * war as follows	<u>入</u> .
particular kind of work P18 (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)  HOWAY	n Business for	Contributory S O Light (Duration) yis mos	de
W -	ermany	*State the Disease Causing Death, or, In death Violent Causes, state (1) Means of Injury and (2) Accidental, Suicidal or Homicidal.	s from Whether
OF MOTHER M.  13 BIRTHPLACE OF MOTHER	Lindner ermany	18 LENGTH OF RESIDENCE (For Hospitals, Institution ients or Recent Residents)  At place of death yrs	
(Informant) .Elizabet		Where was disease contracted, if not at place of deah?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF E  HOLY Redeemer Cemetry 1.1/24/	5= -
15 Filed for 22 198/	Me Registrar Registrar Registrar	6. Lernon Lemmon Heights ar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1 Balt	rk

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. . business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully cmdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., Foreman, For many occupations a especially in industrial employments, it is necesyrs). Farm laborer, Laborer -- Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on 6 Grocery;

Strtement of Cause of Death—Name, first, the Disease of Ucsing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ezhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ....... (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Measles;

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1.8 No. 1

N N

PLACE OF DEATH County 3	12866 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 3/
Village or City Drawy (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWSD, OR DIVERCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH  13 , 1868	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)  7 AGE  6 Zyrs. 11 mos. 3 ds. or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Julinonary dubriendours
which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF	Contributory Chyl Cuddle Cardina Contributory Chyl Cuddle Cardina Card
FATHER Curcharf Treasy  11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Trong Transfell 13 BIRTHPLACE OF MOTHER (State or country)  Prelime	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  When we discuss contracted
(Informant) (Address)	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  CT CLARA ST. 1931.
15 Filed 11/17 1981 17.7 8 Register	20 UNDERTAKER ADDRESS.  J. C. Higistothon Elleott CZ
If more blanks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return" Laborer,""Foreman,"" Manager,""Deal-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of worked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material

s; inal meningitis"); Diphtheria (avoid use of "Croup") ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept. Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebro-Statement of Cause of Death-Name, first, the Dispneumonia, Bronchopneumonia ("Pneumonia,

> telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Inanition, "Exhaustion, stated unless important use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., whon a definite disease "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) affection need Whooping cough; Chronic Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as " "Marasmus," "Old Age," "Shock," "Congenital," "Senile," etc.), "Dropsy,", "Heart failure," "Haemorrhage," Chronic Example: Measles (disease chopneumonia (secondary), etc. valvular heart The contributory not be disease;

data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the

Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. Seginstructions on back of certificate. CORD BINDING PERM A. FOR WITH UNFADING INK--THIS MARGIN RESERVED PI WRITE

No. 1

72

m

PLACE OF DEATH

County Baltinnore	CERTIFICATE OF DEATH
Cedar Aveuve	Registration Dist. No. 36
Village or City TOW8077 (No	Cectar Avenue St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Single Widowed.  Sex Value 10  Sex Value 10  Wind the Word (Write the word)	16 DATE OF DEATH LANGUEBER 19 193/, (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from  188 198 10 10 10 10 10 10 10 10 10 10 10 10 10
7 AGE   If LESS than   I dayhrs.	
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer) Department Store	(Duration) Tys 4: mos 10 da
9 BIRTHPLACE (State or country) MtJWaukee	Contributory Cerebral arleres selecases  Duration) Usalis imos de.
10 NAME OF FATHER Samuel Chidsay Gardner 11 BIRTHPLACE	(Signed) July July "Mp. Mp. Mp. Mp. Mp. Mp. Mp. Mp. Mp. Mp.
OF FATHER (State or country) New York State  12 MalDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Katherine Willer  13 BIRTHPLACE OF MOTHER (State or Country) New York State	18 L'NGTH OF RESIDENCE (For Hospitals, Institutions, Iransients or Recent Residents)  At place of deathyrsds. In the Stateyrsds.  Where was disease contracted,
(Informant) Dorewa Tarbuer Jaynes	Former or usual residence
(Address) Ordar are, Motor Md	FREDFICKBENG CON. 21, 131
Filed // No 20 1923 Afr. 1. Quelta Registral  If more b.anks are needed, addre. s. tate Negistra	John Burns Sona Jowson. and Go W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Womstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only en at bome, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken For many occupations a single word or term on Stationary fireman, etc. But in many For persons who have no occupation (not paid Housekeepers who receive a

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal menic, itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopncumonia ("Pneumonia,"

st.ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., whon a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstilial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"Atrophy." "Collapse," "Com2," "Convulsions, etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

S. No. 1

/	OF DEATH			- (2)	463
	Baltimor				Registration Dist. No.
Village o	r City Poplar	Rd.	Midd	le River	NoSt,St,St death occurred in a hospital or institution, give its NAME instead of street and number)
				yrs,mos	ds. How long In U. S. if of foreign birth? 57 yrs. mos.
	NAME John C				
(a) Resid	dence: No. Popla	r Rd	(Usual place		St., Ward.  If nonresident give city or town and State
PERSO	ONAL AND STAT	ISTICA			MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACI		OR DIVORCE	RIED, WIDOWED, D (write the word) OW CO	21. DATE OF DEATH  November 7th, 193 1  (Month) (Day) (Ye
5a. If marriad, wi HUSBAND o	dowed, or divorced	-			
(or) WIFE o		etta	Geba	uer	22. JHEREBY CERTIFY. That I attended decessed
6. DATE OF BIRT	TH (month, day, and year)	Feb.	1. 1	846	I last saw h www alive on Not 4 , 1931; death
7. AGE	Years Mont!		Days	If LESS than 1 day, hrs.	to have occurred on the date stated above, at 11 Pm.
	85   9		6	or min.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, pr kind SAWY	rofession, or particular of work dona, as SPINNEI /ER, BOOKKEEPER, etc	R, Re	etired		Chevras pemontage
◀ 1 9. Industry	or business in which		:_U_I_I_GU		
SAW SAW	was done, as SILK MILL, MILL, BANK, etc		1		
O this o	eased last worked at eccupation (month and		spe	ime (years) nt in this upation	
The second					Other Contributory Causes of importance:
12. BIRTHPLACE (Stata or		ny		************	Chilerin-soleroses
13. NAME					1 Kheneustion
A 14. BIRTHPL	ACE (city or town)	Inkno	200		Name of operation Date of
(3181	c or country)	HIKHC	) W 11		What tast confirmad diagnosis? Was there an autopsy?
15. MAIDEN 16. BIRTHPL		len ou			23. If death was due to external causes (VIOLENCE) fill in also the following:
State	ACE (city or town)UX a or country)	TRITION	122		Accident, suicide, or homicide?
17. INFORMANT (Address)	Frederick Widdle Ri	w. G		r	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREM	MATION, OR REMOVAL				Manner of injury
Place U	ah Laur Ca	~	Data Var	19-21	Nature of injury.
1.000.2	0-	X	//	- el a. /	24. Was disease or Injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)		ir F	load.		If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
THE RESERVE TO SECOND STREET, ST. SECOND ST.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			,

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

MANON NEGENALD ON DIVINI	WRITE PLACEY, WITH UNFADING INK-THIS IS A PERMA NT RECORD	N. BrEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	The state of the s
(	WRITE	N. B. Every Item CIANS sho statement	
		17.	1

1PLACE OF DEATH	12009 STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
(E2-	Registration Dist. No. 42
Village or City Relay (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME GUN VIII	say Julia go number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH  June 22, 1960	17 I HEREBY CERTIFY, That I attended the deceased from  10 12 1931 to 10 20 1931, that I last saw have alive on 1931,
7 AGE  (Month) (Day) (Year)  [If LESS than I day	
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE	artinal Hypertensión 42mm Ortarios dero (Dustion) yes mos de. Contributory Offic Plany i rt hemple Secondary
(State or country) Harford Co. Md.  10 NAME OF FATHER Of R. Tittings  11 BIRTHPLACE OF FATHER (State or country) Harford Co. Md.	(Signed)
12 MAIDEN NAME OF MOTHER  OF MOTHER OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
(Informant) Rolling C. Julion	Former or usual residence.  PLACE OF BURIAL OF REMOVAL DATE OF BURIAL OF STATE OF BURIAL OF STATE OF S
Filed WV 80 1923/9/ Mireful	20 UNDEXTAKER ADDRESS V2/1/ Loul of values, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
If more Dianks are needed, address State/Ategistra	and the same of th

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when necded. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Campositor, Architect, the first line will be sufficient, e. g., Farmer ar Planter, Spinner, (b) Catton mill; (a) Salesman, (b) nature of the business or industry, and therefore an en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write Nanc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Hausehousehold only (not paid Housekeepers who receive a laborer, Fareman, For many occupations a single word or term on especially in industrial employments, it is necesor At Hame, yrs). For persons who have no occupation Farm laborer, Laborer-Caal minc, etc. Wom-(b) Automobile factory. The material and children, not gainfully em-Locamolive engineer, Gracery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Labar pneumonia, Bronchapneumonia ("Pneumonia,")

delanus) may be stated under the head of "contributory." Papproved by Committee on "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritanilis," etc. "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchapneumonia (secondary) (secondary Whooping cough; (Recommendations on statement of cause of death accident; Revalver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury Examples: Accidental drawning; Struck by railway trainperilanacum, etc., Carcinoma, Sarcama, etc., of FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, (name origin; "Cancer" is less definite; avoid or intercurrent) affection Chronic valvular heart disease; etc. The contributory Nomenclature need not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

PLACE OF DEATH
County Baltimore 108
0,
Village or City towson (No. No.
2 FULL NAME Frank Henry &
PERSONAL AND STATISTICAL PARTICULARS
Male White Single, Married or DIVORCED (Write the word)
6 DATE OF BIRTH
January 9, 1884 (Month) (Day) (Year)
7 AGE If LESS than
47 yrs. 9 mos. 24 ds. or min.?
8 OCCUPATION (a) Trade, profession or Retired Brower particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  Mone
G DIDTHDI ACE
(State or country) Maryland
FATHER Leorge Tunther
M 11 BIRTHPLACE
Z (State or country) Lermany
of MOTHER Catherine Schleringer
13 BIRTHPLACE OF MOTHER (State or country)  Lermany
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Hospital Records
(Address)

12070

Former or usual residence.

If more blanks are needed, address State Ragietrar, 16 W. Saratoga St., Balto., Requasting V. S. No. 1.

20 UNDERTAKER

## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. Yard & Everel Prost Herfitard

(If death occurred in a hospital or institution, give its NAME innumber.)

DATE OF BURIAL

MEDICAL CERTIFICATE OF DEATH
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from August 25 1931 to November 2, 1931, that last saw h M alive on November 2, 1931, and that death occurred on the data stated above, at 11.55 Pm.
The CAUSE OF DEATH * was as follows:
Contributory Depression  Contributory Secondary  (Duration) O yrs. 9 mos. 0 de
(Signed) Attitut E. Pattitul M. D. M. D. Mov. 2 1931 (Address) Towson, Md.
*State the Discase Causing Death, or, in deaths from Violent Caus s, stato (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transiants or Recent Residents)  At place O yrs. 2 mos. 8 ds. In the 47yrs. 9 mos. 24ds
Where was disease contracted, at place of death if not at place of death?

BURIAL OR REMOVAL

S. No.

200

(Approved by U. S. Census and American Public Health Association.)

taharer, Farm laborer, Laborerguged in domestic service for wages, as Servant, Cook, Spinner, (b) Cotton should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Aever return 'Lahorer,'" 'Foreman," 'Manager," 'Deal-Civil engineer, Physician, tion applies to each and every person, irrespective of cupation is very important, so that the relative health report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile fectory. The material For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, of Occupation-Precise statement of oc-For persons who have no occupation Stationary fireman, etc. But in many Coul mine, etc. Locomolive engineer, The ques-."" (Deal-Wom-

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of ....... (name origin; "Caneer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing stated unless important. Example: Measles (disease (secondary or intercurrent) use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely diseases can be ascertained as the cause. Always qualify all Whooping American Medical Association:) Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or misearriage cough; Chronicete. The contributory affection need not be valendar Nomenclature " "Convulsions, heart "Dropsy, M castes ; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	100/1
County Baltimore	Registration Dist. No. 9 88
Village or CityEUDOWOOD SANATORIUM TOWSON	M DND. St., Ward
	deam occurred in a hospital or institution, give its NAME instead of street and number)
11/11/19	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME MANY Manual	Sugar hall Cliff
(a) Residence: No. 440// Ollary about	St./ Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Mele White Menced (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Justin Tuyton	1 HEREBY CERTIFY That I attended decessed from 1931
C DATE OF BIRTH (most) de la la 2-11 1 6-7 14	I last saw h translive on Ray (0 1931; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, a 4.10. Alexan
5-7 3 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
Trade profession or particular	Date of one et
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Jugusty Mivy	Culmanay tubucularies march
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK Muy SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month find	1926
10. Date deceased last worked 11. Total time (years)	
o this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) - Man Iting and Constitution	Other Cartibutors Causes of importance:
(State or country)	777
13. NAME Berg. B Guyton	/43/
14. BIRTHPLACE (city or town) Bellituere County	Name of operation
(State of Country)	Whet test confirmed diagnosis? X-Aug + Jab Was there an au opsy? 444
15. MAIDEN NAME Hurak the Fadden  16. BIRTHPLACE (city or town) May Laud	23. If death was due to externel causes (VIOLENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town) May laud	Accident, sulcide, or homicide?Date of Injury, 19
(State of County)	Where did injury occur?(Specify city or town, county and State)
Hospital RecordsPersonal History IN INFORMANTUDO WOOD-SANATORIUM, TOWSON, MD.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Paltimar Elmeryporte Nov 13, 1931	Neture of injury
19. UNDERTAKER GLOYL W. Jukler,	24. Was disease or injury in eny way related to occupation of deceased?
(Address) 17037 2 Degen 14.	If so, specify
20. FILED NY 1934 P. Bulle Registrar.	(Signed) M. D.  (Address) Eudowood San Owson Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	I	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	×
Gallstones	May 1,1923	Gastroenteritis	1 year
		a to graph was a transfer and a second	

MARGIN RESERVED FOR BINDING N. B.—Every item CIANS shot WRITE

5	, PHYSI- ed. Exact
E PLACE, WITH UNFADING INK-THIS IS A PERMANNING CORD	of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-ould state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact of OCCUPATION is very important. See instructions on back of certificate.
SMA NAT	nuid be standad by the property of c
H UNFADING INK-THIS IS A PERMA	of information should be carefully supplied. ACE should be stated EXACT ould state CAUSE OF DEATH in plain terms so that it may be properly class of OCCUPATION is very important. See Instructions on back of certificate.
INK-THIS	lly supplied lain terms t. See insti
FADING	be carefu EATH in p
WITH UN	ion should AUSE OF D
LACLE.	f informat d state C.
ET3	oul

1PLACE OF DEATH	14872 STATE OF MARYLAND
County Ballman	CERTIFICATE OF DEATH
	Registration Dist. No. 887
Village or City Sparles (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Edward Gui	fith Hale stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nale Ulite (Wite the word)	16 DATE OF DEATH / 1923/ (Month) (Day) (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
October 18 , 1901	, 192, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE   If LESS than   I dayhrs.	and that death occurred on the date stated above, at
36 yrs mos. 14 ds. or min.?	Quedental Pulled in automobile
OCCUPATION (a) Trade, profession or	accident): On the york Rood, Letween the
particular kind of work	road to Sparks and the road to Glencoe, about two or
(b) General nature of industry business, or establishment in which employed or (employer)	three miles above Codeporation; and Byrs mos de.
(State or country) Balto. Co., manyland	Contributory Secondary  (Dyrstion)yrs.fmosds.
10 NAME OF Elijah Wale	(Signed) It. Butto Coroues M. D.
of FATHER (State or country) Balto . Co., mayland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Comma J. Nash	Accidental, Suicidal of Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Betto . Co . Mayland	At place of death yrs mos ds. In the State yrs mos ds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Elizah Hale	Former or usual residence
(Address) Colleysulle md	Purpert Hell DATE OF BURIAL  Purpert Hell May 3, 131
Filed Mrs. Z 1923 1 B R Bernel Registrar	20 UNDERTAKER  LUM C. Browles + Smy Sparls, My
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from fulness of various pursuits can be known. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, House laborer, Farm laborer, Laborer-Coal mine, ctc. Women at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neceswhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

> telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify ali "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, "Inanition, atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-Whooping Never report mere symptoms or terminal condicough; " "Marasmus," "Old Age," "Shock," Chronic valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

OCCUPA plnous item ANS S PHY 0 c properly THIS be may should that supplied. ain be carefully d ij DEATH plnoys OF -WRITE

BINDIN

FOR

RESERVED

MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) mos....ds. How long in U.S. if of foreign birth? yrs. mos... 2. FULL NAME (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Year) 5a. If marriad, widowad, or divorced HUSBAND of 22. That I attended decaased from (or) WIFE of 6. DATE OF BIRTH (month, day, and yaer) certificate Days If LESS than 7. AGE Years Month to have occurred on tha date steted ebova, at 1 day, ..... hrs. The PRINCIPAL CAUSE OF DEATH end ralated causes of Importence or ..... min. ware as follows: Date of onsat 8. Trade, profession, or particular NO kind of work dona, as SPINNER of SAWYER, BOOKKEEPER, etc ... back 9. Industry or business in which work was done, as StLK MILL, SAW MILL, BANK, etc.\_\_\_\_ 10 Date deceased last workad et 11. Totet time (years) spent in this 35 this occupation (month and 100 occupation ..... instructions Other Contributory Causes of importance. 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BtRTHPLACE (city or town) (State of country) What test confirmed diagnosis? \_\_\_\_\_ Was there an auropsy? \_\_\_\_\_ Play MOTHER important. 15. MAIDEN NAME 23. If death wes due to externat causes (VIOLENCE) fill in also the following: Accident, suicida, or homicida?\_\_\_\_\_ Date of injury\_\_\_\_ 16. BIRTHPLACE (city or town (State or country) Whara did injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 17. INFORMANT very (Address) 18. BURIAL, CREMATION, OR REMOVAL Mannar of Injury CAUSE mation Nature of injury NOLL 24. Was disease or injury in eny way related to occupation of deceasad?\_\_\_\_ 19. UNDERTAKER (Address) If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. Nb. 18-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of orsel	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1015 4	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1001	Jun our hy street car	1 week ago
Cerebral hemorrhage	July 5, 1027	Foilonia's	3 days ago
Other contributory causes of importance:	13	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritie	1 year
	3		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

County Callo	CERTIFICATE OF DEATH  Registration Dist. No. 37  St.: Ward) a hospital or institu
- Ul	St.: Ward) (if death occurred in a hospital or institu
2FULL NAME Sadie B	St.: Ward) a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SANGLE.  MARRIED. MARRIED.  MARRIED. Marrie  OR DWORCED  (Write the word)	16 DATE OF DEATH /5 , 193/ (Month) (Day) (Year)
S DATE OF BIRTH  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
3 & yrs. 5 mos. 4 de. or min.	The CAUSE OF DEATH * was as follows:
a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Lahra (Reguerra, 9)  (Duration) 10 Mars mos de
9 BIRTHPLACE (State or country) Balts les  10 NAME OF FATHER Splenter lever  11 BIRTHPLACE OF FATHER (State or country) Balts les	(Signed)  *State the Disease Causing Death, or, in deaths from Accidental, Suicidal or Homicidel.
12 MAIDEN NAME OF MOTHER PRESENTS PRACTICALE  13 BIRTHPLACE OF MOTHER Grant Balto La	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the State yrs mose death described by the state of death des
(Informant) Caroll Harvey  (Address) Leure Ind	Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Armhton Century  19 J. 1937
Filed May 16 192   B B Bennal Registrar  If more bianks are needed, address State Registra	mc Brook of In Starks My

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAPTING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (redefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. nature of the husiness or industry, and therefore an mer, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumoniu, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; perilonaeum, etc., Carcinoma, Sarcoma, etc., ol interstitial nephritis, " "Marasmus," "Old Age," "Shock," etc. The contributory ""Dropsy,

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PHYSICIANS should state

stated EXACTLY.

AGE should be

properly classified.

of certificate.

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

B.—WRITE PLAINLY

OCCUPA.

Exact statement

item of infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PL	ACE OF DEA	TH		(194	6 14875
C	ounty Balti	more			Registration Dist. No. 43
		ullerto	n		No. 3. Joppa Road St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
10	anoth of residence in c	ity or town where	dooth cooured		death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
	JLL NAME		_		
(a	) Residence: No	E. Jopp	(Usual place		St., Ward.  If nonresident give city or town and State
Р	ERSONAL AN	D STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Fema		or race	5. SINGLE, MARI OR DIVORCED Marr	(write the word)	21. DATE OF DEATH  November 5th 193 1  (Month) (Day) (Year)
HUS	rried, widowed, or diversity of G		Hilbinger	2	22. I HEREBY CERTIFY, That I attended daceesad from  19.31 to 19.31
	OF BIRTH (month, da			1863	I last saw h alive on 19. 3 /: daath is said
7. AGE	Yaars 68	Months	Days	If LESS than I dey, hrs. ormin.	to have occurred on the date stated above, at 7. 4.0 A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. T	rede, prolassion, or p kind of work done, SAWYER, BODKKE	as SPINNER.	House		acute Septecaema hov4
9. L	ndustry or businass in work was done, as SAW MILL, BANK,			Endustra hat a casa a casa	
10.0	ata daceasad last wo this occupation (mo year)	rked at onth end		me (years) t In this pation	
	HPLACE (city or town) State or country)	Germ	any		Dihar Contributory Causes of importance:  Oct 24
13. N	AME [	Inknown			with a wire on fence!
13. N	IRTHPLACE (city or to (State or country)	own)Gern	ia ny		Name of operation Date of Market test confirmed diagnosis? Was there an autopsy? 360
15. M	IAIDEN NAME	Inknown			23. If death wes due to external causes (VIOL ENCE) fill in also the following:
16. B	IRTHPLACE (city or to (Stata or country)	Unkr	nown		Accident, suicide, or homicide?
17. INFOR	MANT George	e Hilbi	nger		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIA	L, CREMATION, DR I	REMOVAL		8,,1931	Manner of injury
	RTAKER Fred		assahn 8 r Road	son.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED	11/4/	1931 15	a. Ful	J. M.D. Registrar.	(Signed) Thomas B. Ingen M. D.  (Address) Familion Ballinger Med

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis ·	3 days ago
T V.S.	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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MARGIN

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a demite salary), may be entered as Housewife, House. sary to know business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the worled on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman.
(a) Foreman, (b) Automobile factory. should be used only when needed. As example : additional line is provided for the latter statement : it nature of the hasiness or indistry, and threfore an cases, especially in industrial employments, it is neces-Civil engineer, McGonery Jirenna, et . But in many the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation Precise statement of ocwhatever, write Nonc. Housemaid, etc. If the occupation has been changed Physician, Compositor. ayed, as At school, or At home. Care should be taken report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, Farm lahorer, without more precise specification as Day the hi d of work and also do the Laborer-Arch Lect. factory. The material -Coul mine, etc. Locomoline engineer, not gainfully em-Crecery, Wom-

Statement of Cau e of Death—Name, first, the Disease Causing death the product affection with respect to time and causation, wang affection with respect to time and causation, wang always the same accepted term for the same discrete. Examples: Cerebrospinal fever (the only definite synchym is "pidemic cerebrospinal meningitis"); Diphtheria avoid use of Croup"; Typhoid fever (never report "Typhoid Pneumonia.":

"(Exhaustion," "Heart Innure,
"(Inanition," "Marasmus," "Old Age," "Shock,"
"(Uraemia," "Weakness," etc., when a definite disease "Debility" 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstited unless important. Example: Measles (direcse (Recommendations on statement of cause of letanus) may be stated under the head of 'condributor; carbolic acid-probably suicide. The nature of their jusy, accident; Revolver wound of head-homicide; Peiro ed by or as probably such, if impossible to determine defictely. and qualify as ACCIDENTAL, SUICIDAL, or HOTHCH taken. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. eausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough, use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ..... (name origin; "Cancee" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, and consequences (e Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, dlity" ("Congenital," "Senile," etc.), "Dropsy," haustion," "Heart failure," "Haemorrhage," FOR VIOLENT DEATHS state MEANS OFINJULY ,i'q or intercurrent) affection need not be Committee on Nomenclature of the for malignant neoplasms); Me sles; Chronic etc. valendar heart dissuse; The contributory Always qualify : Il g., sels s,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. The data is constituted and must be obtained before the certificate is permanently filed.

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	PLACE OF DEATH
(	County Balto.
Vill	lage or City Essex (No. Easte
	2FULL NAME Charles Joseph
	PERSONAL AND STATISTICAL PARTICULARS
3 5	nale Alute Single, Married, Married (Write the word)
6 D	ATE OF BIRTH
	(Month) (Day) (Year)
7 A	
	H day hrs.
8 O	Trade, profession or funk de aler
(b	b) General nature of industry usiness, or establishment in hich employed or (employer)
9 B	(State or country) Ballo.
	10 NAME OF Frank Horner
ENTS	11 BIRTHPLACE OF FATHER (State or country) 8 alto.
PARE	of Mother Ida L. Harries
1	13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)
14 T	(Informant) ms. Ida Horner  (Address) asset and
15	Filed Blac / 1921 John G. Connelly

STATE	OF	MAR	YLA	ND
CERTIFIC	CATI	E OF	DE	ATH

44 Registration Dist. No.

The Rd, St.: Ward) (If death occurred in a hospital or institution, give its NAME in-stead of street and

number.)

MEDICAL CERTIFICATE	OF DEATH
6 DATE OF DEATH	, 198/
	(Day) (Year)
17 JI HEREBY CERTIFY, That I at	02.7-9 , 1923/
	79, 1928/
and that death occurred on the date stated	above, at /0/0/m.
The CAUSE OF DEATH * was as follows:	
Caronic Myses.	liles,
/	
(D	
ContributorySecondary	yrs,
(Duration)	yre de,
Signed) (Address) S	seef M.D.
*State the lisease Causing Death, Violent Causes, state (1) Means of Ir Accidental, Suicidal or Homicidal.	or, in deaths from ajury and (2) Whether
8 LENGTH OF RESIDENCE (For Hospi	tals, Institutions, Trans-
ients or Recent Residents)	
At place In the State St	teyrsmosds,
Where was disease contracted, f not at place of dea.h?	***************************************
Former or usual residence	98 988 • 748 5 500 741 • 55550 7 75550 * * * * * * * * * * * * * * * * * *
9 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Oak Lawn	12/2/, 1931
O UNDERTAKER	ADDRESS
Villan / ! Illannica	/-

If more banks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Jaborer, nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, 10 ds. Never report mere symptoms or terminal condi-..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Chronic valvular etc. The contributory heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.

Co	PLACE OF DEATH	STATE OF M CERTIFICATE	OF DEATH
1	1 1 10 10 10 10 1	Registration D	\$
Villa	2FULL NAME William Officed How	and Sr. Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
3 SE:	x 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH November (Month)	ZZ-, 1923
6 DA	(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I atter	
7 AG	E 64 yrs. 3 mos. 6 ds. If LESS than I day hrs. or min.?	and that death occurred on the date stated at the CAUSE OF DEATH * was as follows:	bove, at 2.00 a.m.
(b) bus whi 9 BIR	Trade, profession or Erectury Engineers  General nature of industry siness, or establishment in ich employed or (employer) Westunghunge & the Co.  RTHPLACE (State or country) Richmond, Va.	(Signed)	Nephritis Mnos 14 de. Mnos de. M. D.
ENTS	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER	*State the Disease Causing Death, Violent Causes, state (1) Means of Inju- Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospital	
0	3 BIRTHPLACE OF MOTHER (State or Country). Ruchnagund Ver.	ients or Recent Residents) At place la the	yrsmosds.
15	(Informant) Sladys Howard.  (Address) 106 Lowert Drive:  iled 124/31 192 Mh. Papfer.  Registrar	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Woodlawn Ceny  20 UNDERTAKER  W. J. Wary & Sour	DATE OF BURIAL  My 25 193/ ADDRESS  MMAPA
	If more banks are needed, addre.s tate Kegistrar	r, 16 W. Sarayoga St., Balto., Requesting V. S.	No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Loborerstate occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. whatever, write None. business, that fact may be indicated thus; Faymer-(re-Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Solesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day Compositor, Architect, For persons who have no occupation -Coal mine, etc. Wom-Locomotive The quesengineer,

Statement of Cause of Death—Name, first, the planars of Cause of Death—Name, first, the planars affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrdspinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "IIa "Inanition," "Marasmus," "Old Age, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, (secondary or intercurrent) affection need not be ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, peritonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic etc. The contributory valvular heart disease; " Shock," Measles ;

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V. S. No. 1

PLACE OF DEATH County Ballewicose	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Cotourselle (No. 407 lucu	Registration Dist. No
2 FULL NAME Thomas 9   Jac	St.: Ward) a hospital or Instit tion, give its NAME I stead of street ar number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tuale Color or RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 705 19 1923/ (Month) (Day) (Year)
Month (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased fro  18 19 17 1923/. to 18 1923/ that I last saw h Amalive on 18 1923/
7 AGE  91 yrs. mos. 15 ds. or min.?	and that death occurred on the date stated above, at
a OCCUPATION (a) Trade, profession or particular kind of work  (b) General nature of industry	Cerelish Hemorilage
business, or establishment in which employed or (employer)	Contributory arterio Solution
(State or country)	Secondary (Duration) yrs
10 NAME OF FATHER ULL	(Signed) Warshall B Wast M. M. Wood 19 1929 (Address) Calouseelle 4
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Uch	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?  Former or usual residence
(Address) Caloundle Vyol	19 PLACE OF BURIAL OR REMOVAL  NOV 22, 19.3
15	20 UNDERVAKER OA ADDRESS

12079

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) tired 6 yrs). definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the (a) Foreman, nature of the business or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Grocery; mun, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicidc. The n-ture of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on "Inanition, tions, such as "Asthenia," "Anaemia" (mcrely symptomunqualified, is indefinite); Tuberculosis of lungs, mcn-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure,
> "Old Age," "Shock," (secondary Whooping cough; ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Never report mere symptoms or terminal condi interstitial nephritis, or intercurrent) affection need not be Chronic valvular heart disease; Carcinoma, Sarcoma, etc., of etc. The contributory Nomenclature of the

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N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

V. S. Mo. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	10
1. PLACE OF DEATH	(10)	6-a) 128	14
County Balling		Registration Dist. No.	6
Village or City Pulses		No. 5/2 Mersterston Red St.	Ward
Length of residence In city or town where dea		If death occurred in a hospital or institution, give its NAME instead of street and to see the death of the death occurred in a hospital or institution, give its NAME instead of street and to see the course of th	
2. FULL NAME PUL	Achre		
(a) Residence: No. 572 PC.	enterthe Ru	St. Ward.	
(a) nesidence. No.	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male While	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Nov (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of wife disease	ninnie Johnson	22. I HEREBY CERTIFY, That I attended  Now /6. 1934 to Now 20	deceased from
6. DATE OF BIRTH (month, day, and year)	px. 26 1858	I last saw have alive on // > 0 ,195/	; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	
74	26   1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	27, 12, 30		
SAWYER, BOOKKEEPER, etc.		acute Cardiae Walatation	11-20
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	stol Busunese	well come wilater	11-10
1D. Date deceased last worked at this occupation (month end)	11. Total time (years) spent in this		
year)	occupation 90	Other Contributary Causes of importance:	
12. BIRTHPLACE (city or town)	rway		
(State or country)	0- 150/	- Cute Browelits	11-15-
13. NAME	known	7,041	-
14. BIRTHPLACE (city or town)		What test confirmed diagnosis? Physical Estawas there and	
	61	What test confirmed diagnosis? The place of the was there and 23, If death was due to external causes (VIDL ENCE) fill in also the following	
<u> </u>	11	Accident, suicide, or homicide? Date of injury	
O 16, BIRTHPLACE (city or town)  (State or country)		Where did Injury occur?	
17. INFORMANT Carrie Ber (Address) 1300 %	ger redevous	Specify whether injury occurred in NDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, DR REMOVAL	0000	Manner of injury	
Place Mimanue Elm	Date 7/02 - 2 3, 19-3	Nature of injury.	
19. UNDERTAKER Mrs - 6 Ms (Address) 2004 JUNES	lles & Jon	24. Wes disease or Injury in any way related to occupation of deceased?	no
20. FILED MUZO 1931/ 25 88	nicholo,	(Signed) C. (3. Surar	М. Г

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death.

As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Chronic interstitial nephritis 1921 Run over by street ear 1 w	
Chronic interstitial nephritis 1921 Run over by street ear 1 w	of onset
	eek ago
Cerebral hemorrhage July 5,1927 Peritonitis 3 de	eek ogo
	iys ago
Other contributory causes of importance: Other contributory causes of importance:	
Gallstones May 1,1923 Gastroenteritis 1	year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.-Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be proposty classified. Exact statement of OCCU. ATION is very important, See instructions on back of certificate. CORD ENT MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS A PERM WRITE PL V. S. No. 1

PLACE OF DEATH.  County Suttinoise	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Own Son (No. 18)	St.: Ward)  (If death occurred in hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  November (Month) 6/h (Day) 193/ (Year)
6 DATE OF BIRTH 26, 1547. (Month) (Day) (Year)	17 1 HEREBY CERTIFY, That I attended the deceased from  1912/. to 1012/. that I last saw h 17 alive on 1912/.
7 AGE    If LESS than   I day hrs.   hrs.   or min.   or min.    8 OCCUPATION   (a) Trade, profession or	and that death occurred on the date stated above, at 10, 100 m. The CAUSE OF DEATH * was as follows:  Constrain homograps, three strokes.
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Causing falls at her hame in Towson.  (Duration) yrs. // mos. ds.  Contributory Machine & Finners.  Secondary June 25th. 1931.  (Duration) yrs. // mos. ds.
10 NAME OF FATHER ROW John Williams Jones,  11 BIRTHPLACE OF FATHER,	(Signed) 1801 11, CYCC KING, M. D.
OF FATHER (State or country) / 12 maiden Name of Mother	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferator Recent Residents)
OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of deathyrsmosds. In the Stateyrsmosds.  Where was disease contracted, it not at place of death?
(Informant) Descensa fonds.  (Address) O Jank Ru	Former or usual residence.  19 PY CE OF BURIAL OR REMOVAL  Profest Heller War 8th, 181.
Filed Mr 7 192/ Am Chuller Sep Registras	20 UNDERTAKER BULL Sous Touses
If more banks are needed, addre.s Ltate Registra	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specimenations, laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Sulesmon, (b) Grocery: (o) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective el fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "For man," "Manager," "Dealwhatever, write None. For many occupations a single word or term on especially in industrial employments, it is neces-Stotionory fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

st\_ted unless important. inges, perilonaeum, etc., Corcinoma, Sorcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease Whooping cough; Chronic valvulor heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (szcondar or intercurrent) affection need not be st.ted unless important. Example: Measles (disease ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, talen. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (Recommendations on statement of cause of "Atrophy," "Collapse," "Com2," "Convulsions, Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND-CERTIFICATE OF DEATH state OCCUPA 1. PLACE OF DEATH plnods Registration I County item Village or City (If death occurred in a hospital or institution, give its NAME Every PHYSICIANS How long in U.S. if of foreign birth? statement (a) Residence: No. St., Ward (Usual place of abode) If nonresident PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) PERMANEN FOR BINDING classified. 5a. If married, widowed, or divorced HUSBAND of CERTIF (or) WIFE of EX certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Days If LESS then Months to have occurred on the date stated above, atstated The PRINCIPAL CAUSE OF DEATH and related cause IS min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ THIS OCCUPATION MARGIN RESERVED jo back Industry or business in which may should work was done, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_ on 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation See instructions UNFADING 12. BIRTHPLACE (city or town) (State or country) supplied. in plain terms, FATHER Name of operation. 14. BIRTHPLACE (city or town) (State or country) mation should be carefully Whet test confirmed diagnosis? MOTHER 15. MAIDEN NAME very important. 23. If death was due to external causes (VIOL ENCE) fil Accident, suicide, or homicide? \_\_ 16. BIRTHPLACE (city or town OF DEATH (State or country Where did injury occur?\_ -WRITE PLAIN (Specify city or Specify whether injury occurred in INDUSTRY, In HO 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVA Manner of injury TION is CAUSE Nature of injury 24. Was diseese (Address) If so, specify (Signed) Registrar. (Address)

V. S. No. 1

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
TUREAU 37 C			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING UNFADING INK-THIS IS A PERMANENT.

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--WRITE PLAINEY, WITH UNFADI mation should be carefully supplied. CAUSE OF DEATH in plain terms, so

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County\_ Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? \_\_\_\_\_yrs. \_\_\_\_mos. (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR-DIVORCED (write the word) recoved, (Yaar) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE **Years** Months If LESS than to have occurred on the date stated above, at 440 Pm The PRINCIPAL CAUSE OF DEATH and related causes of Importance or .... min. Date of onset 8. Trade, profession, or perticular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as StLK MtLL, SAW MILL, BANK, etc..... 16. Data deceasad last worked at 11. Total time (years) this occupation (month end spent in this occupation. 12. BIRTHPLACE (city or tow (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19\_\_\_ 16. BIRTHPLACE (city or town (State of country) Where did Injury occur? .... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL CREMAT Manner of Injury -.. 1927\_ Nature of injury 24. Was disease or injury in any way related to occupation of deceased If so, specify (Signed) Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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DEC 7 1031			
Other contributory causes of importance:	,	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

No. 1

	PLACE OF DEATH  Country Bolton VI  age or City atmosulle Wo (No. Spr.  2FULL NAME Elizabeth Kel	STATE OF M CERTIFICATE Mg Show / Support Ward)	OF DEATH
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
3 SE	MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH YOUR 3  (Month) NOV  17 I HEREBY CERTIFY, That I atte	(Day) 30 (Year) 31
	1	100 20 1951 to Nou	51
7 AG	(Month) (Day) (Year)  SE Start Start de la day hrs. or min.?	and that death occurred on the date stated of the CAUSE OF DEATH * was as follows:	
(a)	Trade, profession or tricular kind of work	Cerebral Veno	sheye
bus wh	General nature of industry siness, or establishment in hich employed or (employer)	Contributory Ordering	yre. mos ds.
	10 NAME OF FATHER UNDERSON	(Signed) James J. String	
ARENT	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the Placase Causing Death Violent Causes, atate (1) Means of Inn Accidental, Suicidal or Homicidal.	
0 -	13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place of deathyrsmosds. In the State  Where was disease contracted, 11	Po.
14 TI	(Informant) John H. KNOWLEDGE	Former or usual residence	+. Balta, Md.
-	(Address) 1/6 21. Colinton St	new Cathedral  20 UNDERTAKER	Nec. 3, 19 3!
15 F	Filed 193 All Registras	John G. Connelly	Count
	If more b.anks are received and tate hegister	, 16 W. Saratoga St., Balto., Lequesting V. S.	, i.o. I.

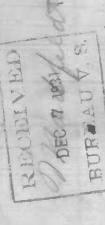
(Approved by U. S. Census and American Fublic Health Association.)

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> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E-haustion," "Heart failure," "Haemorrhage, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic Example: Measles (disease etc. The contributory valvular heart disease; Always qualify all not be

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PLACE OF DEATH	12006 STATE OF MARYLAND
County Balto.	CERTIFICATE OF DEATH
/	2 ./
Village or City Bengis (No. Caurels	Island Rd.
	a nospital of II
2 FULL NAME John P. Kirc	hner tion, give its NAI steed of street number.)
-I OLL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
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6 DATE OF BIRTH	192 to
(Month) (Day) (Year)	that I last saw halive on, 1
7 AGE   If LESS than   I day hrs.	
18 yrs. 7 mos. ds. or min.?	
8 OCCUPATION	Gunshot wound in her
(a) Trade, profession or Carpenter	accident-1
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrsmos
9 BIRTHPLACE	Contributory
(State or country) Hest Virginia	(Duretion) yısmos
10 NAME OF	(Signed) Jacob Hallman Coroner
FATHER ofm /- ) Euchner	192 (Address) Themaners Run H
II BIRTHPLACE OF FATHER	
C (State or country) Balto, Ind.	*State the Disease Causing Death, or, in deaths fr Violent Causes, state (1) Means of Injury and (2) Whet Accidental, Suicidal or Homicidal.
of MOTHER agnes m. Schofer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions,
Δ	ients or Recent Residents)
of MOTHER Ralto, Ind.	At place of deathmosds, In the Stateyrsmos
(State or Country)	Where wes disease contrected,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not et plece of dea.h?
(Informant) John J. Kuchner	usuel residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURI
(All 400) Wordles (eve.	n/ 1 1/ 1 1/ 3 1/

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(Year).

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M. D.

If more branks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registra

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken or At Home, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day and children, not gainfully em-

Statement of Cause of Death—Name, first, the DISPLANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic etc. valvular heart Nomenclature The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write homsewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1321	Peritonitis 20	3 days ago
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1 1925		1 year
	1 3	8 6	
	1 1		
	1	22	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

item of infor-OCCUPAshould BINDING properly FOR RESERVED may back that MARGIN plain important, OF DEATH plnods CAUSE

LION

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? \_\_\_\_\_\_vrs. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3\_SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DEVORCED (write the word) MG 5a. If married, widowed, or divorced HUSBAND of ERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months! Davs If LESS than to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance min. were as follows Date of onset OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total tima (years) this occupation (month and spant in this occupation . 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?. MOTHER 15. MAIDEN NAME 23. If death was due to extarnal causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide? 16. BIRTHPLACE (city or town) (State or country Where did injury occur? .... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Manner of injury Nature of injury 24. Was disease or injury in any If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 19 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

of the principal cause. Under other contributory car	does of mile	, and a second s	rayeem bics.
Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	0. 1021	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	3, 12	Other contributory causes of importance:	
Gallstones	May 2,1923	Castroenteritis	1 year
	22		
ADDITIONAL SPACE FO	OR FURTH	ER STATEMENTS BY PHYSICIAN	

-WRITE PLAINLY, WITH UNFADING LINE-1112 IN STATE TO TLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT KECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	· hr
Countyiste Cultumore	Registration Dist. No.
	ND. St., EUO Ward death occurred in a Mospital or institution, give its NAME instead of street and abandones.
in answe	ds. How long in U.S. if of foreign birth?yrsmignitudes.
2. FULL NAME TOWOR Mary Kraft	however,
(a) Residence: No. Thosphals and	St., Ward. bad odw
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OF RACE 5; SINGLE, MARRIED, WIDOWED, ORDINORCED (write the word)	21. DATE OF DEATH  Never for 22, 193, 193 (Month)  (Month) 22, (Day) 193 (Pear)
5a. If married, widowed, or diverced HUSBAND of 63.2	22. I HEREBY CERTIFY. That I attended secondsed from
(or) WIFE of Joseph Spoth	Nov. 23, 1930 to nov. 22, "itrago 34)
6. DATE OF BIRTH (gromph day, and year) March 1870	I last saw her alive on Nov- 21, 193/ resthis said
7. AGE Years 91. 40 Months Days If LESS than I day	to have occurred on the date stated above, at
Columbia 8 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession or particular kind of work dene as SPINNER Housewish SAWYER, BOOKKELPER, etc. Housewish	Chanic Values Heart Resid to show
kind of we's dene as SPINNER FORMER SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as STICK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (ment) and spant in this system.	As relation of the pri
work was done, as STEK MILL, SAW MILL, BANK, etc	
- I this cook bridge (this day and	The principal and the principa
year) oscupation oscupation	Diher Caatributory Causes of Importance: :110qmi to
12. BIRTHPLACE (city or town)	Arteriosci
(State or country)	- Chronic in
14. BIRTHPLACE (city or town)	- Carebral In-
4 14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? CHWA GW Was there an autopsy? NO
15. MAIDEN NAME TOOL MANAGE (city or town).	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city er town)	Accident, suicide, or homicide?Date of injury
(State of country)	Where did Injury occur? (Specify city or town, county and Stata)
17. INFORMAN WATER STATE OF WORK	Specify whether Injory occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
hours afrighal Dale 1/25,103/	Nature of injury
19. UNDERTAKER HUMONG COM	24. Was disease or injury In any way related to occupation of deceased?
20. FILED MIN 23 1934 Le por Keeffer.	(Signed) MM. A. Shaus M. D. (Address) 1901 Suffin Che
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting W. S. No. 1. Sect Nel

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I	and the same	Example II	
The principal cause of dea of importance were as follows:	th and related causes.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DEO 0 1073	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	APA SATARE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	ALC: NO AL	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastrocnteritis	1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ward) (If death occurred in a hospital er institution, give its NAME instend of street and number.) Declo PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH ō 0 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED may in bac pino (Write the word) I HEREBY CERTIFY, That I attended the 6 DATE OF BIRTH that that I last saw har Kalive on (Month) and that death occured on the date stated above, at 7 AGE IIf LESS than I day hrs RESERVED ds. or min.? tor 8 OCCUPATION 69 (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondery (State or country) (Duretion) 10 NAME OF OF FATHER 11 BIRTHPLACE NTS OF FATHER ON \*State the Discase Causing Death, or, in deaths from Violent Caus s, atste (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME ò OF MOTHER 18 LENGTH OF RESIDENCE (For liespitals, Institutions, Transinform state CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER of death. S should s State. (State or country Where was disease contracted, 14 THE ABOVE IS TRUE if not at place of deeth? Former or usuel res.dence. (Informant) Every its CIANS a (Address If more branks are needed, addros State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

4.5.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescipation is very important, so that the relative health tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octaborer, Farm taborer, Laborer—Coat mine, etc. wom-en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, Farm laborer, Laboreryrs). without more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation If the occupation has been changed Salesman. -Coal mine, etc. not gainfully em-(6)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menin itis"); Diphtheria (avoid use of "Croup"); Spinal menin itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Bronehopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of . . . . . . . (name origie: "Cancer" is less definite; avoid (secondar, or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicuennia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, diseases resulting from childbirth or miscarriage as telanus) may be stated under the head of "contributory" or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDA ... State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death "Atrophy" "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY Chronic valvulur heart disease; etc. The contributory

If this certificate is toked over thoroughly and all questions answered in detail, it will prevent further correspondence. The data is essential and must be obtained before the cartificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
Homewo	of Municipal No. 13/2
2FULL NAME Clifton 20 Shield 2	Landin (If death occurred a hospital or institution, give its NAME stead of street a number;)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  November 5-, 1931  (Month) (Day) (Year)
ATE OF BIRTH  26, 1869.  (Month) (Day) (Year)	that I last saw h malive on / vormal 192
62 yrs. 4 mos. 10 ds.   If LESS than   1 day hrs. or min.?	The CAUSE OF DEATH * was as follows:
o) General nature of industry usiness, or establishment in hich employed or (employer)	Contributory Dypentensini Secondary  (Duration) Lughturen Mos.  (Duration) Lughturen Mos.
10 NAME OF FATHER Lewis Lambling 11 BIRTHPLACE Hugerstrum and, (State or country)	(Signed)
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 Jugustonn  And.	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trainents or Recent Residents)  At place of death yrs mos. 3 ds. In the State when mos
(Informant) Chester Riland, hab.	Former or usual residence targets but.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 2532 Edmondson and.	Hayerstonen November 819:
	PERSONAL AND STATISTICAL PARTICULARS  EX

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocr," etc., Foreman, For many occupations a single word or term on Form loborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (6) Automobile factory. The material Salesman, (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Ilaemorrhage," "Shock," "Shock," tions, such as "Asthonia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by roilway train-Chronic interstitial nephritis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic volvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1		PLACE OF DEATH
		County Bacts
certificate.	1	lage or City Respelsing (No. 4415 96
ertif	-	PERSONAL AND STATISTICAL PARTICULARS
o	3 5	LEGINGIE .
See instructions on back	6 0	CATE OF BIRTH  (Month) (Day) (Year)
nstruction	7 A	16
4	P	occupation a) Trade, profession or articular kind of work  ) General nature of industry usiness, or establishment in which employed or (employer)
very important.	9 E	(State or country)  Backwal
0	NTS	10 NAME OF FATHER Petter Schaaf  11 BIRTHPLACE OF FATHER (State or country)  944
ATIO	PARE	OF MOTHER CLUBT HEAD TANAMEL
OCCU		13 BIRTHPLACE OF MOTHER (State or Country)
ement of OCCUPATION	14	(Informant) At Bernerd Lange
e		(Address) 4415 glemme ar

12892 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred a hospital or Instittion, give its NAME i
stead of street ar
number.)

NAME & Christina Ely	stead of street and number.)
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED.	16 DATE OF DEATH November 11 , 1981
White the word)	(Month) (Day) (Year)
april 30, 1868	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h Adalive on 1921,
yrs. 6 mos. 11 ds. or min.?	and that death occurred on the date stated above, at
ssion or Office	Carrina of lun
re of industry plishment in or (employer)	(Duration) yrs. 6 mosds.
y) Bartond	Contributory Secondary  (Duration)yrsds.
Peter Schaaf	(Signed) OKW Thinket M. D.  NW 11 1981 (Address) Magle ages Blankd
e untry) gumany	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Elysth Harrinel	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
entry) Jemes	At place of deathyrsmosds. In the Stateyrsmosds.
TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
74 Bound Course	Former or usual residence.
4415 glemma ar	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
12 1931 9. a Fratz me	Louis Heemann 32 Starowd m
If more beanks are needed, addre.s Ltate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No. 1 5

15

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The questired 6-yrs). For persons who have no occupation state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the er," etc., Spinner, (b) Collon mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of eupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestie service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day (a) the kind of work and also (b) the -Coal mine, etc. Wom-Locomolive engineer, (b) Grocery;

Stritement of Cause of Death—Name, first, the DISEA. I (VISING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is 'Epidemic cerebrospinal meningitis'); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease can be ascertained as the eause. Always qualify all distance resulting from childbirth or miscarriage as Puerpephat seplicaemia," "Puerperal perilonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJULY Examples: Accidental drowning; Struck by railway train carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by stated unless important. telanus) may be stated under the head of "contributory." and quality as A OCIDENTAL, SUICIDAL OF HOMICIDAL, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, oras probably such, if impossible to determine definitely. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Example: Measles (disease etc. The contributory Measles ;

If this certificate is looked over thoroughly and all qu stlons answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state RECORD. Every item of inforstatement of OCCUPA. Silver Aller AGE should be stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANEN CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. N. B.-WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	15083
County Poals	Registration Dist. No. 9
Village or City Jonebugh	No. St., Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whare death occurred.	
2. FULL NAME Heldan Jarenia	Leonard. THOMASINA C.
(a) Residence: No. 6/6 Regester	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIOOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
Thhe OR DIVORCED (write the word)	(Month) (Pay) (Year)
5a. If merriad, widowed, or divorcad HUSBANO of	
(or) WIFE of R. Half Leonard	22.   HEREBY CERTIFY. That I attended deceased from   1/1/9/3/ 19 19
6. DATE OF BIRTH (month, day, and year) and - 18-1875	lest sew h & alive on 9/9/3/ 19 death is said
7. AGE Yaars Months Deys If LESS then	to heve occurred on the dete stated above, at6
57 7 1 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or perticular kind of work dona, as SPINNER, Louiseurfe SAWYER, BOOKKEEPER, etc.	artens Scherosis: 11/19/23
9. Industry or business in which work wes done, as SILK MILL,	7/1/20
11. Total tima (years) this occupation (month end spant in this occupation year)	
0-07	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) Stete or country)	Cerrhal Brokery
I 13. NAME C.H. Roberts	
13. NAME C. TT. Soberts 14. BIRTHPLACE (city or town). Balla	Neme of operation
(State of country)	What test confirmed diegnosis?
15. MAIOEN NAME Eleanore V. Myett  16. BIRTHPLACE (city or town)  16. State or country)	23. If deeth was due to extarnel ceusas (VIOLENCE) fill In also tha following:
16. BIRTHPLACE (city or town) 3alta (State or country)	Accident, suicide, or homicide?
(State or country) and	Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 616 Register are	Specify whether injury occurred in INDUSTRI, in NOME, of in PODETO FEACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piece Jandon Park Oete MT 21 1931	Neture of injury
19. UNDERTAKER OF Treligne Sus	24. Was disease or inform any way refeted to occupation of decesed?
20, FILED NOW 28 1031 Wal Lettle	(Signed) 2 w Ladders M. D.
20. FILEO / OU Registrar.	(Ardress) 321-8-25

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		PACE FOR FURTHER STATEMENT	
•	Deceased s name	enanged Irom HILDA LAVENIA	to THOMASINA C authorized 10-3-31,
4-21-4	1-110000	by letter filed under Dr.	CIDDESS
Lh. N. W.	Baan di.		
321 8	25		

V. S. No. 1

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12895
1. PLACE OF DEATH	(E) (A)
County (all more)	Registration Dist. No.
Village or City Danewston	No. //06 4/ St., Ward
Length of residence in city or town where deeth occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Still form ( Ly	mch)
(a) Residence: No. // Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (Surfice the word) OR DIVORCED (Surfice the word)	21. DATE OF DEATH  (Month)  (Oay)  (Year)
5e. If merried, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Nov. 2 5 1 3/	I lest sew h elive on
7. AGE Years Months Deys If LESS than	to heve occurred on the date steted above, atm.
I dey, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Date of onset
SAWYER, BOOKKEEPER, etc.	still born infant
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	2/2700
Note that the second last worked et this occupation (month end yeer)	7/2/00
12. BIRTHPLACE (city or town) Spanowsform	Other Coutributory Causes of importance:
(State or country), The d,	
13. NAME & Howard Lynch	
14. BATHPLACE (city or town) Spandardown	Neme of operation
(Stele of country)	What test confirmed diagnosis? Wes there en eutopsy?
15. MAIDEN NAME Edna C. Magle	23. If deeth was due to externat ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Edna O. Magle 16. BIRTHPLACE (city or town) Spanews Bernin (State or country) ma	Accident, suicide, or homicide?
17. INFORMANT Edua Q Lynch. (Address) Daman Born	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIece Clust ( Johns Jatops Cure, 19	Manner of injury
19. UNDERTAKE Maternical faboratory (Address)	24. Was disease or intery in any way releted to occupation of deceased?
20. FILED NOV 26, 1931 11 A Corrier M. Registrar.	(Signet) (Address) M. D. (Address) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	P-00-00-00-00-00-00-00-00-00-00-00-00-00	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BURLAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

### OF BALTIMORE HEALTH DEPARTMENT—

14896

CEDTIFICATE OF DEATH

1-PLACE OF DEATH OF BALTIMORE: (NO	Rosedal Leman Brack	e ST., WARD)	(If death occurred in a hospital or institution, give its NAME instead of street and number.)
(s) RESIDENCE N=0 (Usual place of abode: Length of residence in city or town where de			ident give city or town and State) yrs, mos. ds.
PERSONAL AND STAT	FISTICAL PARTICULARS	MEDICAL CERTIFI	CATE OF DEATH
	CE 5 Single, Msrried, Widowed, or Divorced, (write the word)	16 DATE OF DEATH (month, day, a	and yesr) 2007. 7 193/
5a 1f married, widowed, or divorce HUSBAND of (or) WIFE of  6 DATE OF BIRTH (month, day, a	eenknown		/ / / / / / / / / / / / / / / / / / / /
8 OCCUPATION OF DECEASE  (a) Trsde, profession or particular kind of work  (b) General nsture of industry, business, or establishment in which employed (or employer  (c) Name of employer	Latorer B. D. D. D.	Elizable of DEATH* was as a self-control by from the Back. As a self-control by from the Back. As a self-control by from the Back. As a self-control by from the Back of DEATH* was a self-control by from the Back of DEATH* was a self-control by from the Back of DEATH* was a self-control by from the Back of DEATH* was a self-control by from the Back of DEATH* was a self-control by from the Back of DEATH* was a self-control by f	occident  occident
10 NAME OF FATHER  11 BIRTHPLACE OF FATHE  (State or country)  12 MAIDEN NAME OF MOT	en knows	- 01	
13 BIRTHPLACE OF MOTHI (State or country)  14  Informant Entonics (Address) Steward	ER (city or town)	*State the Disease Causing Death state (I) Means and Nature of It Suicidal, or Homicidal. (See reverse MOVAL MOVAL OTTAL	ION OR RE- DATE OF BURIAL
15 Filed 722 9 , 19 3 / 9	hng- Connelly Registrar	20 UNDERTAKER Com	ADDRESS Com

CORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-—WRITE PLAINLY, W. I UNFADING INK—THIS IS A PERMANENT mation should be carefully supplied. AGE should be stated EXACT CAUSE OF DEATH in plain terms, so that it may be properly classified.

BIND

FOR

RESERVED

RGIN

### REVISED UNITED TES STANDARD CERTIFICATE OF DEATH.

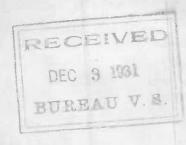
[Approved by U. S. Census and American Public Health Asso.]

of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, nite salary) may be entered as Housewife, Housework, or At home, and children, not gainfully emonly (not paid Housekeepers who receive a defiwho are engaged in the duties of the household amples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (b) Foreman, (b) Automobile factory. The material worked on may form part ment; it should be used only when needed. As exnature of the business or industry, and therefore an additional line is provided for the latter statepecially industrial employments, it is necessary to know (a) the kind of work and also (b) the Stationary Fireman, etc. But in many eases, es-Architect, Locomotive Engineer, Civil Engineer, e. g., Farmer or Planter, Physician, Compositor, word or term on the first line will be sufficient, The question applies to each and every person, healthfulness of various pursuits can be known. occupation is very important, so that the relative may be indicated thus: Farmer (retired, 6 yrs.). ning of illness. If retired from business, that fact DISEASE CAUSING DEATH, state occupation at beginhas been changed or given up on account of the Servant, Cook, Housemaid, etc. If the occupation taken to report specifically the occupations of ployed, as At school or At home. Care should be For persons who have no occupation whatever, persons engaged in domestic service for wages, as Statement of Occupation .- Precise statement of

Statement of Cause of Death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Broncho-pneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., carcinoma, Sarcoma, etc., of......(name origin;

stated unless important. Example: Meastes (disease causing death), 29 ds.; Bronchopneumonia "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all disgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uræmia," mia," (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Conease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms interstitial nephritis, etc. cough, Chronic valvular heart disease; Chronic the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory" (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by earbolic acid—probably suicide. The nature of HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental OF INJURY and qualify as ACCIDENTAL, was undertaken. For violent deaths state means tis," etc. State cause for which surgical operation as "Puerperal septicemia," "Puerperal peritoni eases resulting from child birth or miscarriage or terminal conditions, such as "Asthenia," "Anæondary or intercurrent) for malignant neoplasms); Measles; Whooping "Caneer" is less definite; avoid use of "Tumor" Association.) affection need not be The contributory (see-SUICIDAL,

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN



FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 12807
1. PLACE OF DEATH	10001
County Baltimore	Registration Dist. No. 23
Village or City Boring.	No. St., Ward
11 26	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. it of foreign hirth?yrsmosds.
2. FULL NAME Charles & Mar	Kland
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Month: 22 , 193 (Year)
5a. If married, widowed as divorced HUSBAND of Martha B. Markland	22. I HEREBY CERTIFY. That I attended deceased from Nov 24 ,1931 , to Nov 22 ,1931
6. DATE OF BIRTH (month, day, and year) Col 8-1850	i last saw hum alive on nov 22 , 193/; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 _am.
8/ 14 1day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNA	Cerebral hemorrhage, with
kind of work done, as SPINN Let Schoolteacher  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years)	hemisplegia, gradually despening
work was done, as STIK MILL, SAW MILL, BANK, etc.	unto general fearalysis.
Do Date deceased last worked at this occupation (month and spent in this sortion)	
year) oscupation 6	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town).	Distetes melitis
(State or country) // aufland	
13. NAME William / Markland  14. BIRTHPLACE (city or town)	
[State or country]	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
<u> </u>	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Mis Charles & Mynrklauc	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, ON REMOVAL  Procleas and Survival Date 101/24,1931	Manner of injury
19. UNDERTAKER Edward Elipton (Address) Hampetead Mid	24. Was disease er injury in any way related to occupation of decoased?
20. FILED 2 23 , 19 21 17. m. Seles ?. Registrar.	(Signed) Cyril & Lode M. D.  (Address) Upfiels Do Pref.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

M B.--Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE O. DEATH in plain torms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD 1 Z MARGIN RESERVED FOR BINDING WITH UNIADING INK---THIS IS A PERM WRITE PLA

4. S. No. 1

PLACE OF DEATH	14698 STATE OF MARYLAND
County Buttinger	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Cuffre (No	St.: Ward) (If death occurred in a hospitul or institution, give its NAME instend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Frmale While Single, Married, Wildows OR DIVORCED (Write the word)	16 DATE OF DEATH Lowely 7 1931 (Month) (Day) (Year)
6 DATE OF BIRTH  Jawa 29th 1850  (Month) (Day) (Year)	that I last saw her alive on house $J^{*}$ (Like Ph), 193/
7 AGE   If LESS the   dayhr	and that death occured on the date stated above, at
yrs. 10 mos. 22 ds or min	: Cardio + Kind - Jascala Dikara with
(a) Trade, profession or particular kind of work	Paralysis
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 4 yrs ds.
9 BIRTHPLACE (State of country)	Contributory Secondary
10 NAME OF PATHER JOHN N. DEAVER	(Signed) J. 2 Dalmay N. D.  2 Signed N. D.  No. D.  No
OF FATHER  (State or country)  12 MAIDEN NAME  O O O O O O O O O O O O O O O O O O O	*State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Julia Randolph.  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place ( About ) In the
(State or country) Maryland -	At place of death of yrs mos ds. State II yrs mos ds.  Where was disease contracted, find and if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence 2435 h. Chale St Baltimon
(Address) Palul Markell Hawk	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 12 12 Jul Suffer Registra	20 UNDERTAKER  ADDRESS  GREENER  GREENE
If more blanks are needed, address State Registr	rar, 16 W. Sarat ga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enplayed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Parmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. Housemaid, etc. definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Civil engineer, Stationary fireman, ct. But in many Physician, Compositor, Architect, Laconotive engineer, Statement of Occupation-Precise statement of oc-Foreman, Or For many occupations a single word or term on especially in industrial employments, it is neces-Furm laborer, Laborer-At Home, and children, not gainfully emwithout more precise specification as Day (b) Automobile factory. The material If the occupation has been changed -Coal mine, etc. Wom-6 Grocery;

Stateme: t of Cause of Death—Name, first, the DIS-EASE CAUCING DEATH (the primary affection with respect to time a.d causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal membracitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar uneumonar Bronchopmenmania ("Pneumonia";

> "Exhaustion," "Heart lallure, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Example: Measles (discase approved as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory". carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping .... (name origin; "Cancer" is less, definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage as "Weakness, cough, Committee on Nomenclature Chronic "etc., when a definite disease Carcinoma, etc. valvular heart disease; The contributory Sarcoma,, etc., of Mensles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. The data is essential and must be obtained before the certificate is permanently fied.

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No.5 (If death occurred in a hospital or institu-Ward) tion, give its NAME instead of street and number.) MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Month) I HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH (Month) If LESS than 7 AGE and that death occurred on the date stated above, I day hrs. The CAUSE OF DEATH \* was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Address) PARENTS \*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. OF FATHER (State or country) and 12 MAIDEN NAME 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place of death... In the OF MOTHER (State or Country) Where was disease contracted, if not at place of death?..... Former or usual residence (Address)

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it business, that fact may be indicated thus; Farmer (re gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, The ques-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

> tetanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nuture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, causing death), 29 ds.; Bronehopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

properly classified.

certificate.

See instructions on back of

PHYSICIANS should state

of OCCUPA-

Exact statement

		9	-	4 1
- 2	1	4	6.5	13
	4	1	U	U

1	L PLACE OF	DEAT	Н		(8)	1-0	2300
	County	Balt	imore			Registration Dist. No. 32	
,			or town where	death occurra		400 D 1 1 . 1	
1	. FULL NAM	ME	Anna S	-McCullou	gh		
	(a) Residence				wn Road	St., Ward.  If nonresident give city or town a	nd State
Marketon.	PERSON	AL AND	STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
F	sex 'emale	Whit			RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  No vember (Month) 11, (Day)	, 193 ] (Year)
5a.	If marriad, widows HUSBAND of (or) WIFE of		•E•McCu	llough		22. I HEREBY CERTIFY, That I attanda October 27, 1931, to November 11	,, 191
_	DATE OF BIRTH					Hast saw her aliva on November 10, 1931	; death is said
7.	AGE Year	rs	Months 2	Days 23	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 9:30 Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
OCCUPATION	SAWYER,  9. Industry or b work was SAW MILI 10. Date dacaase this occup	ork done, as BDOKKEEPE ousinass In v dona, as SIL L, BANK, atc d last works action (mont)	SPINNER, ER, atc	ocal	ime (yaars) nt in this upation	Cerebral Hemorrhage  Other Contributory Causes of importance:	Oct 27
ER	13. NAME		shua Cri	lsev		-	
FATHER	14. BIRTHPLACE (Stata or		n) Pa•			Name of operation None Date of What test confirmed diagnosis?Clinical Was there as	
MOTHER 12	15. MAIDEN NAM  16. BIRTHPLACE (State or  INFDRMANT (Address)	(city ar town country)	Pa.	Hembright	ıgh	23. If death was dua to axternal causes (VIDL ENCE) fill in also the follow Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC 1	19
	BURIAL, CREMATI Place			Data M	1.14 21	Manner of Injury  Nature of injury  24. Was disease or injury in any way related to occupation of dacaasad?	No
_	(Address)	12 19	Alxer 31 Dx	6.6. nu	Registrar.	(Signed) 6 Juliolo (Addrass) Pikesville, Maryland	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Perilonitis  Other contributory causes of importance:	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

supplied. ACE should be stated EXACTLY, PHYSI-in terms so that it may be properly classified. Exact See instructions on back of certificate. CORD BIND WITH UNFADING INK--THIS MARGIN RESERVED Every item of information should be carefully signals should state CAUSE OF DEATH in plain statement of OCCUPATION is very important., So

1 / 1	16301
PLACE OF DEATH	STATE OF MARY
County Ollo	CERTIFICATE OF
1	Registration Dist. No.
William on Grand and Add Add and and	M A
Village or City/11111111111No.	St.: Ward) a hoe tion,
2FULL NAME MAGUSTER B.	Michael stead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCE	16 DATE OF DEATH FOR 6
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended t
May 2 . 185	a leh 1 now Trov
(Month) (Dsy) (Yesr)	that I last saw how alive on
7 AGE [If LESS tha	n and that death occurred on the date stated above,
72 yrs. 6 mos. 4 ds. or min	
8 OCCUPATION	Corners of Herry
(a) Trade, profession or particular kind of work	V Candes- Bracedon les
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yra
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF	Duration)yre
FATHER Yeall Walsely	(Signed) /7/
of FATHER Ma	192 (Address)
OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the Disease Csusing Death, or, in Vlolent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.
of MOTHER BULL SMILL	18 LENGTH OF RESIDENCE (For Hospitals, Incients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of deathyrsmosds. Stateyre  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
as Churchia ladas	Former or usual residence
(Informant) GMGLICO JOGIAN	19 PLACE OF BURIAL OR REMOVAL DAT
(Address) Luina VIII V	alsains Sunely Nov
Filed 72 of 9. 1923/ 14. 72. Segistrar	20 UNDEBTAKER RUM MANNE ADDR
	The Comment of the Kenter
If more blanks are needed, address State Registra	ar, 6 W. Saratoga St., Balto., Requesting V. S. No. 1.

### STATE OF MARYLAND CERTIFICATE OF DEATH

he N	Re	gistration E	Dist. No. US	
hace	St.:	Ward)	(If death occurred a hospital or inst tion, give its NAME stead of street number.)	ln
Much			number.)	

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH 7 6 , 1927
(Month)(Day)(Year)
(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from  1927 to 1927, that I last saw h alive on 1927,
and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
Corred Henry
V Christer - Consider Lebens
(Duration)de,
Contributory Secondary
(Duration)mosde,
(Signed) Jd, Bh. Slove
brow 9 1927 (Address) Pears les locas
*State the Disease Csusing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
8 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents)
At place In the Stateyrsmosds. Stateyrsmosds.
Where was disease contracted, f not at place of death?
Former or seal dence
all aints genely how 9, 19 8
OUNDEBTAKER RUMENDOUNG ADDRESS

V. S. No.

N. B.-

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queslaborer, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is resential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state of OCCUPA-ECORD. Every item of info Exact statement stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. pe AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. B.—WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	14902
County Baltimore	Registration Dist. No. 9
CIDOMICOD CLASS	
	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	
2. FULL NAME Color leag U	elles
(a) Residence: No. (Usual place of abode)	St., Ward. Sleet or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Po (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of S. J. Prills	22. JI HEREBY CERTIFY, That I attended deceased from  Pully 7, 19, 31, to Nov 1931
6. DATE OF BIRTH (month, day, end year) Lec 15-, 1870	I last saw h - Y elive on Por 5 1931 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 2 Pm.
60 70 -10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
A Trade profession or particular	Ellegocordial Agentian Date of great
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and	Tyelilis Oct x1, 193
10. Date deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Leany land	Other Contributory Causes of Importance:    Lucion   Lucy   Lucy
(State or country)	Niabete Welleto 19W-
13. NAME Senjacium Maller  14. BIRTHPLACE (city or town) Wary land	Name of operation
(State of Country)	Whet test confirmed diagnosis? Wes there an au opsy?
15. MAIDEN NAME Wotilds Senable  16. BIRTHPLACE (city or town) Word found (State or country)	23. If death was due to external causes (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide?
1 (State of County)	Where did injury occur?
HospitalRecordsPersonal History  17. INFORMATUDOWOOD SANATORIUM, TOWSON, MD.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVALE.  Place Delmar Del. Date 11/6 13/	Manner of Injury
19. UNDERTAKER Chast Coass Son E. (Address)	24. Was disease or injury In eny way related to occupation of deceased?
20. FILED Nor 5 , 198) The Putter Outler	(Signed) M.D. M.D. (Ardress) Eudowood San. Towson, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURRAU V a			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		。 277年7年、 西京東京大阪。 - 1987年) - 1	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Marringe cereasof 3-4-26, Kenton, Ky, Filmed 4-23-47 Grog LL. PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County EXACTLY, P Registration Dist. No. ....Ward) (If death occurred in a hospital er institucertificane tion, give its NAME instead of street and number.) ALeco propertion of certi PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 3 SEX 16 DATE OF DEATH MARRIED. 99 ack MUDREPOC (Write the word) may n ba 17 I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH no instructions that I last saw h ..... alive on CJ (Month) (Day) (Year) and that death occured on the date stated above, at O 0 7 AGE If LESS than I day hrs. ds. or min.? 8 OCCUPATION 99 ERV (a) Trade, profession or particular kind of work S pla nt. (b) General nature of industry business, or establishment in (Duration) .....yrs..... mos..... 2 which employed or (employer) Contributory MARGIN impo 9 BIRTHPLACE Secondary (State or country) D 10 NAME OF 12. 0 197 \_\_ (Address S P 11 BIRTHPLACE \*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means Injury and (2) whether Accidental, Suicidal or Homicidal. OF FATHER SZ ARENT 2 (State or country) ATIO 12 MAIDEN NAME O 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate ccup/ 0 ients or Recent Residents) 13 EIRTHPLACE At place In the OF MOTHER State ... yrs ......ds .... yrs.......mos......ds. 00 Where was disease contracted, out if not at place of death?. of 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE sho Former or usual residence. PLACE OF BURIAL OR REMOVAL Every CIANS staten 20 UNDERTAKER If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Japun

tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Seruant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife House en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: 'a' additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write Nonc. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return 'Laborer," "Foroman," "Manager," "Peal-Civil engineer, Physician, Compositor, Architect, Statement of Occupation-Precise statement of oc-For many occupations a single word or term on Farm taborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer Wom-

Coroner

PA

letter

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid Pneumonia"); 1 obar pneumonia. Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," as fracture of skull, and consequences (e. g., sepains, tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL perilonitis, can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stited unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature (Recommendations on statement of cause of death earbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitelyand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage inges, perilonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Paisoned by Examples: Accidental drowning; Struck by railway train Whooping American Medical Association.) ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, cough; Chronic Carcinonia, Sarconia. etc., of ctc. valendar heart The contributory Always qualify all disease;

tapleton,

E° Z

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate in permanently filed.

[E619]

KLEVORI VELL

tried November 19, 1951

14

PLACE OF DEATH County Seltunon	ŷ
illage or City Boldwin (No. 2)	2-0
2FULL NAME George Franklin	
PERSONAL AND STATISTICAL PARTICULARS	
Male Hute 5 STRGLE; MARRIED, WHOWES. OR DIVERSES (Write the word)	16
DATE OF BIRTH June 324, 1848	17
(Month) (Day) (Year)  AGE   If LESS than	tha
83 yrs. 5 mos. 14 ds. or min.?	The
occupation (a) Trade, profession or Retina armer particular kind of work	*****
(b) General nature of industry business, or establishment in which employed or (employer)	*****
(State or country) Lancaster Co. Penne	
10 NAME OF Scorge Morgan	(Sig
11 BIRTHPLACE OF FATHER (State or country)  Aucaster Co. Penna	
OF MOTHER Wallsme Wieder	18
13 BIRTHPLACE OF MOTHER (State or Country)  Caucaster Co. Phase	At of c
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if r

### STATE OF MARYLAND CERTIFICATE OF DEATH

Ward)

Registration Dist. No. 40

(If denth occurred in a hospital or institu-

Morgan	***************************************	tion, give stead of number.)	its NAME is a street and
MEDICAL C	ERTIFICAT	E OF DEATH	
B DATE OF DEATH	hov:	14	, 1987
1 40000 1000 00000000000000000000000000	(Month)	(Day)	(Year)
7 I HEREBY CERT			eceased from
Sudden			, 192,
nat I last saw halive	on The	pt 22	1982.
nd that death occurred on	the date sta	ted above, at	1 P.m.
he CAUSE OF DEATH * W			
Cerebral	Hemo	orhage	
	170 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	****************************	loototooooooooo
***************************************			
00-00-00-00-00-00-00-00-00-00-00-00-00-	(Durstion)	yrs	mosda.
Contributory Secondary	· • • • • • • • • • • • • • • • • • • •	000 × 0 × 00 00 00 00 00 00 00 00 00 00	
		yts	moëds.
igned) Charl	Ben	sm	
200 / 41981 (Add	dress) / Cu	ngsvill	e md
*State the Piscase Violent Causes, state (1 Accidental, Suicidal or Hom	) Means of	th, or, in de Injury and (2	aths from 2) Whether
LENGTH OF RESIDEN		spitali, Institu	tions, Trans-
t place deathyrsmos		the Stateyrs	mosds.
here was disesse contracted, not at place of dea.h?			***************
ormer or sual residence			
PLACE OF BURIAL OR I	REMOVAL		7. 19.3/
UNDERTAKER &	1/ de	ADDRESS	

If more blanks are needed, addre a Ltate Kegistrar, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

Z

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (relaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative healthwhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Houscuife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Collon mill; (a) Salesman. without more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." actident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Warrasumus," when a definite disease "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be stirted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature carbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY Whooping cough; Chronic "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condivalvular heart disease; etc. The contributory Mcasles;

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDIN

FOR

MARGIN RESERVED

1 <sub>PL</sub>	ACE OF DEATH Baltimore	***********************	1	2905	STATE OF MAR CERT!FICATE OF
Village or	CiewWordlaun 2FULL NAME Tol	mdono.	#2 A	Kuymlahi D	Registration Dist. N
PEF	RSONAL AND STATIST	ICAL PARTICL	JLARS	MEDIC	CAL CERTIFICATE OF DE
3 SEX Ferna	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word	Single	16 DATE OF DEATH	Nov 19,
6 DATE O	FEIRTH Feb 16	) (Day)	, 1893 (Year)	17 I HEREBY  My / 2  that I last saw h 27	Y CERTIFY, That I attended
7 AGE	38 yrs. 9	mos. 3d.	If LESS than I day hrs. or min.?	and that death occu The CAUSE OF DEA	rred on the date stated above TH * was as follows:
particula (b) Gene business, which er	e, profession or r kind of work eral nature of industry or establishment in nployed or (employer)	Housewo	w.	Contributory Secondary	(Duration) 5 yrs.
OF CS	ME OF THER POBLE THPLACE FATHER tate or country)	Mg. A. Mor Va.	ris .	(Signed) Full (S	(Duration) yrs.  Address) L5/6 Per Disease Causing Desth, or, tate (1) Means of Injury or Homicidal.
OF 13 BIF OF	MOTHER  TTHPLACE MOTHER tste or Country)	md.	al	18 LENGTH OF RI ients or Recent R At place of death	esidents) In the mosds. State
14 THE AB	mant) Mr. Mo	Mar Bar	hs:	Where was disease con if not at place of des Former or usual residence	un?
	か、上( 192 <sup>3</sup> / 1	Jh. In	Registrar	theme.	The 36

death occurred in ospital or institu-give its NAME in-d of street and ATH (Year) ..... the deceased from .....mos.......ds. .. M. D. n deaths from nd (2) Whether nstitutions, Transrs......ds. TE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. to report specifically the occupations of persons enlaborer, worked on may form part of the second statement. etc., or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: \*Cerebrospinal fever\* (the only definite synonym is "Epidemic cerebrospinal meningitis"); \*Diphtheria\* (avoid use of "Croup"); \*Typhoid fever\* (never report "Typhoid Pneumonia"); \*Lobar pneumonia, Bronchopneumonia\* ("Pneumonia,")

stated unless important. Example: Measles (disease "Inanition, atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury uccident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, If impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping American Medical Association.) Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Nomenclature cough; Chronic etc. The contributory valvular heart disease; " Shock,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDIN

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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i	Example II	1
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 doys ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

-WRITE

BINDING

FOR

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH plnods Baltimore County Registration Dist. No. WSON, (If death occurred in a hospital or institution, give its NAME instead of street and number) hiow long in U.S. if of foreign birth? vrs. mos. ds. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. ŞEX 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, 4. COLOR OR (Day) (Yoar) 5a. If married, widowed, or divorced HUSBAND of (or) WiFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Months Days to have occurred on the date stated above, at. 1 day,.....hrs. or ..... min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month end spent in this occupation. instructions 12. BIRTHPLACE (city or tow (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) should be carefully MOTHER very important. 15. MAIDEN NAME 23. If death was due to external causes (VIDL ENCE) fill in also the following Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Hospi Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Addre SUDOW OF 18. BURIAL, CREMATION, DR Manner of injury AUSE mation TION Nature of injury 19. UNDERTAKER (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Costrocauritis	1 year
	11000	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

No. 1

20

15

PHYSI-

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 37

ylor_	St.:	Ward)	(If death a hospital tion, give i stead of number.)	ts NAME in-
MEDICA	AL CERTI	FJCATE O	F DEATH	
16 DATE OF DEATH		// [onth]	29	193/
m 28	CERTIFY,		nded the d	eceased from
that I last saw h	alive on	nn	29	193/
and that death occur	ed on the d	late stated a	bove, at	//- 3Min.
The CAUSE OF DEAT	'H * was as	follows:		
	••••••			
Ommasy (		uration .	ym	ma Z de
Contributory Secondary				
	hum	ansim	0	Snot D
*Stte the Di Violent Caus s, st. Accidental, Suicidal	iscase Caus ate (1) M or Homicidal	ing Doath,	or, in de ury and (2	aths from
18 LENGTH OF RES		For Hospita	als, Institu	tions, Trans-
At place of deathyrsm	osds.	In the State	yıs	de
Where was disease contrif not at place of death				
Former or usual residence				
Black Arch L	metry	VAL	OLE /	, 193/
mm A. B.	LVE	2	Stacks	mod

If more b.anks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As cramples: (a) tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Serunt, Cook en at home, er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; if nature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary froman, etc. But in many Statement of Occupation-Precise statement of octo report specifically the occupations of persons enwork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on Farm laborer, MOTHY (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day who are engaged in the duties of the For persons, who have no occupation (a) the kind of work and also (b) the Laborer-Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synchym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"); "obar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Inanition," "Marasmus," "Old Age," "Shock," "Traemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage, as fracture of skull, and consequences (e.g., sepain, ledanus) may be stated under the head of "contributory." 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) Whooping cough, Curonic interstitial nephritis, use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the curbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiscases can be ascertained as the cause. (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions," . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as for malignant neoplasms); Measles; Chronic ex-Example: Measles (disease affection need valvular heart The contributory Always qualify all not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

15

S. Mo.

PLACE OF DEATH	
County Ball	
County	

### füest

### STATE OF MARYLAND

St.:	Ward)	(If death occurred	
		a hospital or instittion, give its NAME i	n
		stend of street as	n c

Trans-

County Dall	CERTIFICATE OF DEATH
	Registration Dist. No. 37
Village or City Belgash (No.	St.: Ward) (If death occu
2FULL NAME Gredie n	a hospital cr tion, give Its NA stend of stree number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemal A COLOR OR RACE 5 SINGLE.  MARRIED.  WIDOWED.  OR DIVORCED  (Write the word)	16 DATE OF DEATH // 2/ , 192 (Month) (Day) (Y
6 DATE OF BIRTH  QUA 17	17 I HEREBY CERTIFY, That I attended the decease
	Year)  That I last saw h. A alive on
3 4 I day	hrs. The CAUSE OF DEATH * was as follows:
B OCCUPATION ds. or ds. or	
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) dyspation mon
9 BIRTHPLACE (State or country) Balfo &	Contributory Secondary  Duration
10 NAME OF HENDERT Do lang	(Signed) (1: 1. Sheempung)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF STATE OF FATHER (State or country) 12 MAIDEN NAME OF STATE	*State the Disease Causing Death or, in deaths Violent Causes, state (1) Means of Injury and (2) who Accidental, Suicidal or Homicidal
of Mother may haylor	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrsmos. ds. State yrsnos.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or
(Informant) Suchrias Days	usual residence

If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. A. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it cupation is very important, so that the relative health state occupation at beginning of illness. If retired from er," et ... Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quesgaged in domestic service for wages, as Normant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housetaborer, Farm leborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Teal-Civil engineer. Stationary freman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-to know (a) the kind of work and also (b) the yrs). For persons who have no occupation (b) Cotton mill; (a) Salesman, without more precise specification as Day (b) Automobile factory. The Locomotive engineer, (b) materia Grovery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Suphoid fever (never report "Typhoid Pneumonia"); Suphar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Annemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. (secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Corra," "Convulsions, ility" ("Congenital," "Senile," etc.), "Dropsy, haustion," "Heart failure," "Haemorrhage," FOR VIOLENT DEATHS State MEANS OF INJURY or intercurrent) affection need Chronic Example: Measles (disease valvular heart etc. The contributory Always qualify all not be disease;

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A line data is essential and must be obtained before the certificate is permanently filed.

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	31
County	Registration Dist. No.
Village or City A albrooks	NoSt.,
Length of residence in the or town where deeth occurred wis.  2. FULL NAME Pullingen 17.	(If death occurred in a hospital or institution, give its NAME instead of street and number)  mosds. How long to U.S. if of foreign birth?
(a) Residence: No. (Usual place of abode	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	ARS MEDICAL CERTIFICATE OF DEATH
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That   attended deceased
10 10	, 19 , 10 , 19
6. DATE OF BIRTH (month, dey, end year)	U Llast saw h aliva on 10 ; death
	LESS than to heve occurred on the dete stated above, at
	The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:
8. Frade, profession, or perticular kind of work done, es SPINNER,	
SAWYER ROOKKEEPER atc	4 Shangulation carried
9. Industry or business in which work wes done, es SILK MILL.  SAW MILL, BANK, etc  10. Oete deceased last worked et this occupation (month and this occupation this properties).	
SAW MILL, BANK, etc.	9 by branging - sucede
apolitin the	
yeer) occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) Acroward Co. (State or country)	and other controller, care of importance.
I 13. NAME In N. O real	
14. BIRTHPLACE (city or town). Howard	8 hd Neme of operation Oete of
(State or country)	
15. MAIDEN NAME Mary J. Dorse	What test confirmed diegnosis? Wes there en autopsy?
10 (O.	23. If deeth was due to externel causes (VIO). ENCE) fill in also the following:
16. BIRTHPLACE (city or town) They and Co	Accident, suicide, or homicide? Date of injury 19
Stete er country)	(Specify city or town, county and State)
17. INFORMANT Pulled To darker	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CRIMATION, OR REMOVAL	Manner of Injury Locus aulation
Plece fondon Var Octe 1/4	Neture of injury lay laboration 5
19. UNDERTAKER James Priger Von	24. Wes diseese or Injury In any way releted to occupetion of deceesed? h
(Address) Systemille Ind	If so, specify
20. FILED 11/29 31 19 mm. Dud der	(Signed) (Signed)
	Registrar. (Address) Unshandle Mo

who had no occupation whatever write none, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

To be complete, an occupation return must state:

9.-The industry or business in which the work was done. 8.—The trade, profession, or particular kind of work done.

10.-The month and year the deceased last worked at the occupation.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State particular kind of store, factory, mill, etc., as grocery store, soan factory mill, etc., as grocery store, soan factory mill, etc. In stating the occupation, avoid the use of such indefinite terms as "eniployee," "worker," "operative," etc. Find the sating the industriant that, as spinner, weaver, etc. out the particular kind of work done and return that, as spinner, weaver, etc.

BUREAU V. S.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, methe particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods of the occupation can be secured. Do not use the word "niechanic," but give the exact occupation, as carpenter, painter, chanical engineer, mining engineer, etationary engineer, etc. Avoid the term "laborer" when a more precise statement

Statement of cause of death, -- Cause of death means the disease, injury, or complication which causes death, not the should be called a salesman and not a clerk.

Example II Example 1 of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death.

Gallstones	SECI, I yo M	SilrolnoonlenD	I ilcar
O contributory eauses of importance:		Other contributory causes of importance:	
Cerebral hemorrhage	LZ6I'ghanf	Peritonitis	3 quils ado
Chronic interstitial nephritis	1261	Run over by street car	I meek ago
Arlerioselerosis	9161	Attack of epilepsy	I meek ago
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	feano to estad 8

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

0	KECORD	lied. ACE should be stated EXACTLY, PHYSI- ns so that it may be properly blassified. Exact istructions on back of certificate.
D FOR BINDI	HIS IS A PERMANENT RECORD	led. ACE should be stated EXAC'ns so that it may be properly olds. Istructions on back of certificate.
D FOR	A SI SIF	led. AC

PLACE OF DEATH  County Baltimore			12911 STATE OF MARYLAND CERTIFICATE OF DEATH	
Mt. Wilson			Branch, Md. Registration Dist. No. 20  Bis Sanatorium St.: Ward)  (If death occurred a hospital or institution, give its NAME stead of street a number.)	
PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX Female	4 COLOR OR RACE	SSINGLE, MARRIEO, WIDOWED. OR DIVORCED Single (Write the word)	November 1st, 19281 (Month) (Day) (Year)	
November 21 , 1880  (Month) (Day) (Year)  7 AGE    If LESS than   I day hrs.		r 21 , 1 880 (Year)	17 I HEREBY CERTIFY, That I attended the deceased from May 23rd 19231 to November 1st, 19232 that I last saw her alive on November 1st, 19232 and that death occurred on the date stated above, at 10:30P m	
		mos. 11 ds. ormin.?	The CAUSE OF DEATH * was as follows:  Pulmonary Tuberculosis	
			Contributory Laryngeal Tuberculosis  Ourstion Ors 1 mo 7 ds	
		nond	(Signed) Address) Mt. Wilson, Md.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
			18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place O yrs 5 mos 9 ds In the State 50 yrs 11 mos 1 de	
(Informant) Louis Schuerholz  (Address)  Filed MWL 1981 Dr. E.B. Muchal		of MY KNOWLEDGE	Where was disease contracted, Unknown if not at place of deals?  Former or 5911 Pimlico Road, Balto. Mousual residence. 5911 Pimlico Road, Balto. Mousual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS  ADDRESS	
	If more branks are		r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Screant, Cook ployed. us At school, or At home. Care should be taken definite salary, may be entered as Housewife, House-Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, to report specifically the occupations of persons en-(a) Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, (b) Grocery,

Statement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Lanition," "Marasmus," "Old Age," "Shock,"
"Traemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL partionitis," etc. tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Whooping cough; Chronic valendar heart "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Example: Measles (disease etc. The contributory Nomenclature discase;

approved by Commercian Medical Association.)

If this certificate is loke over thoroughly and all questions answered in detail, it wis perent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDIN

ARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salcsman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis .	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Informati

CIANS should state statement of OCCUP

12413

### PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME Isnumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Month) (Day) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Yesr) If LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE Secondary (State or country) 10 NAME OF 11 BIRTHPLACE ENTS OF FATHER the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and (State or country) Accidental, Suicidal or Homicidal, PAR 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place of death.. In the OF MOTHER (State or Country Where was disease contracted, if not at place of death?. Former or usual residence. (Informant) DATE OF BURIA (Address) 20 UNDERTAKER

MARGIN RESERVED

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, whatever, write None. business, that fact may be indicated thus; Farmer (notified 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of laborer, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Compositor, mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many The ques-

Statement of Cause of Death—Name, first, the DIA-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved American Medical Association.) telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal pertionitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, Whooping cough; .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Nomenclature Chronic valvular heart disease; and consequences (e. g., sepsis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
050 4 1831			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones Table T	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Bumbaugh

PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) Village or City a hospital er institution, give its NAME irstend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. OR DIVORCED MULL OF Write the word) (Month (Day) IIf LESS than 7 AGE I day hrs. ED min.7 8 OCCUPATION RESERV (a) Trade, profession or particular kind of work pia (b) General nature of industry business, or establishment in 2 which employed or (employer) Contributory E T Secondary MARGIN 9 BIRTHPLACE (State or country 0 ā 10 NAME OF 0 11 BIRTHPLACE \*State the Discase Causing Death, of, Violent Caus s, state (1) Means of Injury Accidental, Suicidal or Homicidal. SLN in deaths from OF FATHER 3 (State or countr œ 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For liospitals, Institutions, Trans-⋖ OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place of death yrs mos ds. Where was disease contracted. if not at place of death?.. Former or CIANS sho usual residence. 19 PLACE OF BURIAL 20 UNDERTANE If more blanks are needed, addross State Registrer, 16 W. Seratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Leborer—Coal mine, etc. Womworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locamotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescup tion is very important, so that the relative health. Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH. report specifically the occupations of persons en-For many occupations a single word or term on For persons who have no occupation

Statement of Gause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup."); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcona., etc., of . . . . . . . (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles: "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Shock, "Ananition," "Marasmus," "Old Age," "Shock, atic), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), telanus) may be stated under the head of "eontributory" as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-Chronic interstitial nephrilis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of American Medical Association.) Never report more symptoms or terminal condicough; Chronic etc. valendar heart The contributory disease; death

If this certificate is booked over thoroughly and all que tions answered in detail, it will prevent further correspondence. In the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-NLK, WITH UNFADING INK-THIS IS A PERMENT CORD WRITE PL

County Balls.	CERTIFICATE OF DEATH
Village or City Risk (No. Bull 1)  2FULL NAME ROSE OF GRACE  PERSONAL AND STATISTICAL PARTICULARS	Registration Dist. No.  St.: Ward)  (If death occurred in a hospital or inetitution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Symfes 6 , 193
6 DATE OF BIRTH  (Month) (Day) (Ye	17 I HEREBY CERTIFY, That I attended the deceased from  1927. to wood 6, 1927.  that I last saw here alive on wood 6, 1921,
7 AGE 67 yrs. 2 mos. 22 ds. lf LESS I day or n	hrs. The CAUSE OF DEATH * was as follows:
a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	(Durstion) 2 yre mos de
which employed or (employer)  9 BIRTHPLACE (State or country)  Ballo.	Contributory Secondary  (Duration) yre gammes de.
10 NAME OF FATHER THIN JUNGER	(Signed) & M. D. (Address) Essay, M.G.
Z (State or country) Summer	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE  OF MOTHER  (State or Country)  State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the State yrs mos de.  Where was disease contracted, if not at place of death?
(Informant) Amount D. McMell  (Address) Maju Rivis.	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Alfungu emuly 70, 19 31.
Filed for 7 191 1. Owner Registra	20 UNDERTAKER  20 UND
It more plants are needed, address obtate wes	

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The question applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salcsman, (b) Grocery, man, (b) Automobile factory. The material For persons who have no occupation engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopncumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic valvular heart disease; etc. The contributory

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PLACE OF DEATH.	STATE OF MARYLAND
County Vallemore	CERTIFICATE OF DEATH
0 1.6	Registration Dist. No. 4C
Village or City Essex MN (No.	St.: Ward) (If death occurred in a hospital or institu-
0 · h · +	tion, give its NAME its stead of street and
2FULL NAME Thary lever	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 7 7 , 1923/ (Month) (Day) (Year)
6 DATE OF BIRTH	1 HEREBY CERTIFY, That I attended the deceased from
Oct 25 1931	192 to 100 1921.
(Month) (Day) (Year)	that I last saw her alive on Nov 6, 1923,
7 AGE   If LESS than	and that death occurred on the date stated above, at
yrsmos. 12ds. ormin.?	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	(Danne all Pari
(a) Trade, profession or particular kind of work	Joe Marzo Jacunous
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) vre. mos de.
9 BIRTHPLACE	Contributory leute Myocardite
(State or country)	Secondary (Durstion) yrs mos ds.
10 NAME OF	Laco Tito
FATHER Edward Kerter -	(Signed) T. J. State M. D.
OF FATHER Q OF	nov 7 1923 (Address) 315 1 Augulandy
Z (State or country) dullumae Md	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place In the of deathrsds. Stateyrsds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
CC 1 1 R. A.	Former or usual residence.
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Essex, Md	Sucred Heart. nov 7-64 . 1931
15 h + 1 + 0 6 6 6 16	20 UNDERTAKER ADDRESS
Filed Nrv. 7 of 1931 Hm J. Others	Leage a Wele 705 S. ann of
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Housewhatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a without more precise specification as Day single word or term on

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Ethaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," Example: Measles (disease Nomenclature of the " "Convulsions,

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County Bultunal	STATE OF MARYLAND CERTIFICATE OF DEATH
1	Registration Dist. No. 95
Village or City Tom (No. 205 N, M)  2FULL NAME & ma Tank	Mard)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Terrule Wird Windows (Write the word)	16 DATE OF DEATH (Wender 20, 192 / (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  192 1 to N 2 0 , 192,  that I last saw he alive on N W 1 9 , 193,  193,
7 AGE  76 yrs. 5 mos. 16 ds. or min.?	and that death occurred on the date stated above, at S. Jongm.
B OCCUPATION (a) Trade, profession or particular kind of work	Althor Insufficiency, My orander de generalin
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 3 yrs mos ds.
9 BIRTHPLACE (State or country) Sermany	Contributory Secondary (Duration) yes
10 NAME OF FATHER UNLESSUEN BECK	(Signed) 192 (Address) Vonson Md.
OF FATHER (State or country)  State or country)	*State the Disease Csusing Death, or, in deaths from Violent Causes, state (1) Meaas of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trunsients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
(Informant) George F. Oleas	if not at place of dea h?
(Address) 285 Washington are	Schwartz - Date of Burial Schwartz - 1931.
15 Filed M 20 18/ Hul Sylling Registras	Hun Corle 128750 Paul
If more banks are needed, address tate Registration	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specimenary laborer, Farm laborer, Laborer—Coul mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation (a) the kind of work and also (b) the

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise\_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal menin\_itis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Example: Measles (disease Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.Y cough; Chronic etc. valvular heart disease; The contributory

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N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important, See instructions on back of certificate. CORD LNE MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS A PERM. H WRITE PL V. S. No. 1

	PLACE OF DEATH County Baltomore  One or City Addressed (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.: Ward) (If death, occurred in
Vill	2FULL NAME Na Cleone Ros	St.: Ward) a hospital or institu- tion, give Its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, single WIDOWERCED (Write the word)	16 DATE OF DEATH Nov. 18 h, 1931.  (Month) (Day) (Year)
6 D	(Month) (Day) (Year)	that I last saw here alive on Nov 18 1931.
7 A		and that death occurred on the date stated above, at 1940 m.
p	CCUPATION  Trade, profession or that the control of work at the cont	Y artie Insufficiency)
P. P.	Seneral nature of industry tisiness, or establishment in hich employed or (employer)	Contributory Cute Pheumslee
	(State or country) Shericariourg . a.  10 NAME OF FATHER Nathan a, Rock  11 BIRTHPLACE	(Signed) A sure (Duration) yes, mos, de, M. D.
RENTS	OF FATHER (State or country) Franklin loo	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAF	OF MOTHER Plant E. Mullemy  13 BIRTHPLACE OF MOTHER Springfield W. Car. (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs des State yrs des Where was disease contracted,
14 T	(Informant) Nathan a Rock	if not at place of dea.h?
	(Address) Riderwood	Prospect Hill Com. Nov 15, 1931.
15	Filed 17 14 18 Suffer Registras	John Bush Jone Tourson Md  16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (o) whatever, write None. tired 6 - yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Cool mine, etc. Womwitbout more precise specification as Doy For persons who have no occupation Stationary fireman, etc. But in many (6) Grocery

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilherio (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Ethaustion," "Heart failure," "IIaemorrbage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of death tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Meast (disease approved by Committee on carbolic acid-probably suicide. The n.ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railwoy troinor as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthemia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia, (secondary), (secondary or intercurrent) affection need Chronic interstitiol nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Corcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic etc. The contributory volvular heart discase; Nomenclature not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

20. FILED\_1/2t\_\_\_, 1931\_

ag .			
	Registration	Dist. No.	13
	al or institution, give its NAM	E instead of street and	Ward d number)
Massh, Md Ward	If nonresident	give city or town a	nd State
MEDI	CAL CERTIFICATE	The second secon	nd State
21. DATE OF DI	November 2	26 th. (Day) .	, 193 ] (Year)
man 6	REBY CERTIF	N 26	, 193/
	ive on her 2.4		; death is said
	date stated above, at 9:3		
were as follows:	OF DEATH and related caus	es of importance	Date of onset
Chronic	endorado	Fie	9 mall
Diher Contributory Cau	4 9	ert-	no 26
Name of operation		Date of	
	xternal causes (VIOLENCE) fi		
	micide?		
Where did injury occurs Specify whether injury o	(Specify city or occurred in INOUSTRY, in HO	town, county and S	tate) PLACE,
Manner of injury			
Nature of injury			
24. Was disease or Injury	in any way related to occup	ation of deceased?	
(Signed)	verleaux.	3.10. 1	P. M. D.
(4001632)		1.	

If more blanks are needed, address State Registr

STATE OF MARYLAND CERTIFICATE OF DEATH

min.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write honsewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows;	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

R. B.

PLACE OF DEATH	STATE OF MARTLAND
County Bactimore	CERTIFICATE OF DEATH
	Registration Dist. No. 42
0 1.1	
Village or City Landsolving.	St.; Ward) (If death occurred in a hospitul or institution, give its NAME in stead of street an
2 FULL NAME Infant of John a	nd Chara Sahade humber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
Na 8 , 131	Stall 4. th
(Month) (Day) (Year)	that I last saw h salive on 720
7 AGE	
Stree Births. mos. de. or min	
6 OCCUPATION (a) Trade, profession or	war & unleatines!
particular kind of work	- January January
(b) General nature of industry business, or establishment in	Internet Duration To mos d
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Bull Co med	Secondary
1 10 NAME OF	(Durstion)yrsd
FATHER lohn Schadel	(Signed) M. I
11 BIRTHPLACE	181 (Address) 104 W. Wasun
Z (State or country) Baltimen	*State the Ilisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whother Accidental, Suicidal or Homicidal.
T 12 MAIDEN NAME OF MOTHER PLACE Separate	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
13 BIRTHPLACE Prosteding	ients or Recent Residents)
OF MOTHER (State or country) Balls Go and	of deathmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
(Informant) Pohn, Schaolel	Former or usual residence
(morman)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Addess)d we out () Galleri	Cada Hill GyeNer 10, 193
15 Filed MN 9 1931 The Melfe	Las Pos forsdensiden 2173 Su
If more hanks are needed, addre a State Regist	rar, 16 W. Sararoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public . Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housestate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery.

(a) Foreman, (b) Automobile factory. The material should be used only, when necded. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Screant, Cook laborer, additional line is provided for the latter statement; it or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locamotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-013 For many occupations a single word or term on yrs). Farm laborer. At Home, and children, For persons who have no occupation If the occupation has been changed Laborer-Coal mine, etc. not gainfully em-Wom-

Statement of Cause of Death—Name, first, the DIS-EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainaccident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Chronic interstitial nephritis, American Medical Association.) or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; or intercurrent) affection need Chronic valvular heart Example: Measles (disease etc. The contributory Always qualify all not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1PLACE					
County B	al	ton	ñ	or	
	,			0	

12922

## STATE OF MARYLAND CERTIFICATE OF DEATH

ADDRESS

Balto., Requesting V. S. ho. A.

Long dreen

	Registration Dist. No. 48
Village or City Lang Green (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME it -
2 FULL NAME Mary Schnides	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fale White SINGLE, MARRIED, Married OR DIVORCED (Write the word)	16 DATE OF DEATH 20th, 103/
6 DATE OF BIRTH	17 1 HEREBY CERTIFY, That I attended the deceased from 1928 1. to 2007, 1928 1.
December (Month) / Day) / SESYear)	that I last saw h Malive on 1921,
7 AGE If LESS than	and that death occurred on the date stated above, nt damminm.
11 2   day hrs.	The CAUSE OF DEATH * was as follows:
yrs. / mos. () ds. or min.?	
(a) Trade, profession or House Wiff	Hypostatie Grenmones
(b) General nature of industry	7
business, or establishment in	(Duration) yrs, most de.
which employed or (employer)	Contributory Dubte
9 BIRTHPLACE (State or country) Pensilvania	Secondary (Variation) Just mos des.
10 NAME OF FATHER Mose Miller	(Signed) (Signed) (Signed)
0 11 BIRTHPLACE	1923 (Address)
C (State or country)	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
ш	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER ama Johnson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) England	At place of death yis mos. ds. In the State yrs mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Pos Sehmider	Former or usual residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Long Green ma	Menoute Cometern how 22, 1931

20 UNDERTAKER

If more banks are needed, addre.'s State Registrar, 16W. Saratoga St.,

15

Filed

21

S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesdefinite salary), may be entered as Housewije, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g: ged in domestic service for wages, as Screant, Cook, Housenwid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, cr," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tle first line will be sufficient, e. g., Farmer or Planter, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> Recommendations on statement of cause of "Enaustion," "Heart Langue," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease carbolic acid-probably swicide. The nature of the injury, stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc., can be ascertained as the cause. Always qualify all "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, cough; or intercurrent) affection need not be "Congenital," "Senile," etc.), "Dropsy,"," "Heart failure," "Haemorrhage," Chronic Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms to that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD ENT MARGIN RESERVED FOR BINDING WITH UNFADING INK-THIS IS A PERM PI WRITE

No. 1 100 >

PLACE OF DEATH	STATE OF MARYLAND
County Balto	CERTIFICATE OF DEATH
The same of the sa	(/31)
/ w	Registration Dist. No.
Village or City Town (No. 301	Kesapeak St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Mr. Welliam J	Desam: number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Substitute (Write the word)	16 DATE OF DEATH November 24, 1931
6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
C 1 P	nov. 23 20 13/10 nov 24/2 13/
(Month) (Day) (Year)	that I last saw ham alive on Nor 24/2 , 193 1,
7 AGE [If LESS than	and that death occurred on the date stated above, atm.
-7 5 yrs. 0 mos. 2 4 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work Retired	
(b) General nature of industry	
business, or establishment in Retired	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country)	Contributory Monte Smill Sucondary replinition,
10 NAME OF	(Duration) yts, mos, ds,
FATHER SMr Henery Leim	(Signed) Variety of this my M. D.
OF FATHER	
OF FATHER  (State or country)  12 MAIDEN NAME	*State the I is see Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Jane Smith	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country)	of deathyrsds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) James Sto Williams	Former or usual residence
(Address) 6401 Pagestoring Bd Formers	2 OTLOWN. Park DATE OF BURIAL
Filed Nov. 26 193/ Wil Buffer	20 ANDERTAKER BURN LOVE TOWN
NII	18 W. Saratoga St., Bulto., Requesting V. S. No. 1.

1 . . . .

(Approved by U. S. Census : nd American Fublic Health Association.)

state occupation at beginning of illness. If retired from household only (not raid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Flanter, tion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Physician, Compositor, Architect, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meninatis"); Diphtheria (avoid use of "Croup"); sinal meninatis"); Diphtheria (avoid use of "Croup"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

st.ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tubereulosis of lungs, mentetanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"Uraemia, " "Weakness," etc., when a definite disease approved as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-..... (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature Measles;

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. FOR BINDING certificate. MARGIN RESERVED AGE should be pe Jo See instructions on back CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. LWRITE PLAINLY,

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	12924
County Balto	Registration Dist. No.
Village or City Halethorpa	No. Sulphur Daring Rd St., If Ward
Langth of residence in city or town where daeth occurred 8 yrsmos.	death occurred in a perpital or institution, see its NAME instead of street and number)  ds. How long in U.S. if of foraign birth?
2. FULL NAME Martha J. Shriver	
(a) Residence: No. Silphur Spring Rd Hole	Morpe wateral
(Usual slace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
OR DIXORCED (write the word)	1 Nov 19th 193/
5a. If married, widowad, or divorced	(Month) (Day) (Yaar)
(or) WIFE of Theodore Shriner	22.//   HEREBY CERTIFY, That I attended daceasad from
6. DATE OF BIRTH (month, day, and yeer) Tau 25th 1962	19 / 19 / 19 / 19 / 19 / 19 / 19 / 19 /
7. AGE Yaars Months Days TLESS than	to heve occurred on tha date stetad abovo, at 7 30 F. M.
69 9 24 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and retated causes of importance ware as follows:
8. Trede, profassion, or particular kind of work dona, as SPINNER,	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which	Cerebral homortoge 91/12/2
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Indistry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date dacaased last workad at this occupation (month and	
year) occupation	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) And Co	Quite lendrady
13. NAME VESSE Flogal	of character.
13. NAME Vesse Filing al	Neme of operation. More Date of
(State of country)	What tast confirmed diagnosis? I lenical fixed margan au'opsy? 26
15. MAIDEN NAME NUKAWW	23. If death was due to external causes (VIOLENCE) to in also the following:
15. MAIDEN NAME NUKAWWW  16. BIRTHPLACE (city or town)  (Stete or country)  (Stete or country)	Accident, suicide, or homicide? Data of injury, 19
B1 & 2/1	Whare did injury occur? (Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Sulfilmer Shing Road	Spacity whather injury occurred in INDUSTRY, in HOME, OF IN PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place away lown met Date 2//, 193/	Nature of injury
19. UNDERTAKER COOK	24. Was disease or injury In any way ralated to occupation of deceased?
(Addrass) 12/7 A Vaul St	(Signad) Barren Wille M. D.
20. FILED 100 194 Teef IN Telf Cher	(Ardress) ABO Willens Clop

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis BUREAU V. S.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARG	MARGIN RESERVED FOR BINDING	BINDING
LI WITH UNF	ADING INKTHIS IS A	LA L'A WITH UNFADING INK-THIS IS A PERMA NT I CORD
information should be state CAUSE CF DE	information should be carefully supplied. ACE should be stated EXAC's state CAUSE CF DEATH in plain terms so that it may be properly chast occupATION is very important. See instructions on hack of certificate.	information should be carefully supplied. ACE should be stated EXACTLY, PHYSI- state CAUSE OF BEATH in plain terms so that it may be properly chassified. Exact OCCUPATION is very important. See instructions on back of certificate.

HYSI- Exact	PLACE OF DEATH County Baltimore	STATE OF MARYLAND CERTIFICATE OF DEATH
,≺, P		Registration Dist. No. 35
CORD EXACTI Ily chassi	Village or Sity White Hall. Mid 2FULL NAME Loio Jean Sing	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
atec	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MAMA MANA MANA MANA MANA MANA MANA MANA	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) Cangle	16 DATE OF DEATH  Nov. 21, 193/  (Month), (Day), (Year)
PER Should at it miss on	6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 1, 192 5 1 that I last saw h 12 : alive on 22 2 2 2 1 192 1
D FOI HIS IS Hed. A ms so th	7 AGE  Hyrs. Hmos. Lords. or min.?	and that death occurred on the date stated above, at
KT supp n ter	8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Labor Greenmana
N RESE DING IN carefully TH in plal	business, or establishment in which employed or (employer)	Contributory Secondary
ARGI JNFA Ild be DEA ery im	(State or country) Backing Co. Ind	(Signed) M. Sleep Britis M. D.
WITH WITH IS AUSE CAUSE CON IS	11 BIRTHPLACE OF FATHER (State or country) Baltonine Co. Ind.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
nformati state CA	12 MAIDEN NAME Chipabeth Wilson 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)  At place In the
	(State or Country) Bacterine Co. had	of deathyrsmosds. Stateyrsmosds.  Where was disease contracted.
tem of is should ent of 0	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
WRIT Every item CIANS she statement	(Address) While Hall had	Date of Burial OR REMOVAL DATE OF BURIAL HOT. 14, 1931
	15 Filed Nov 22 1981 Milius Borting	20 UNDERTAKER P. Machlim Low White Hall In
\\z	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the whatever, write None. For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, For persons who have no occupation Stationary fireman, etc. person, irrespective of Locomotive engineer, But in many Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. Example: Measles (disease "(Exhaustion," "Heart Innure, machinita disease," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic etc. The contributory affection need valvular heart disease; Nomenclature not

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

MARGIN RESERVED

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BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH state infor-OCCUPA 1. PLACE OF DEAT pluods item of Registration Dist. No. Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Every How long to U.S. if of foreign birth? \_\_\_\_\_yrs. Length of residence in city or town where deeth statement ECORD If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. GOLOR OR RACE 21. DATE OF DEATH S. SINGLE, MARRIED, WIDOWED. ORDIVORCED (Morite the word) CTL PERMANEN (Day) (Year) classified 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I attended deceesed from (or) WIFE of 4 × E certificate. 6. DATE OF BIRTH (month, dey, end yeer) properly 7. AGE Months Days II LESS then to have occurred on the date steted ebove, at. stated 8 1 day, .....hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. were es follows: Date et onset 8. Trade, prolession, or perticuler THIS OCCUPATION kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc ... may back 9. Industry or business in which plnods work was done, es SILK MILL, SAW MILL, BANK, etc ... uo ID. Date deceased lest worked et 11. Total time (yeers) this occupation (manth and AGE spent in this that occupation .... instructions UNFADING Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) supplied. terms. FATHER See 14. BIRTHPLACE (city or town) plain (State or country) carefully Whet test confirmed diagnosis? Was there an eutopsy?\_\_\_\_\_ MOTHER important. 15. MAIDEN NAME 23. If death wes due to externel causes (VIOLENCE) fill in also the Iollowing: DEATH Accident, sulcide, or homicide? 16. BIRTHPLACE (city or town) (State er country) mation should be (Specify city or town, county and State) Specily whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Verv OF (Address) 18. BURIAL, CREMATION, OR REMOVAL WRITE Menner of injury CAUSE .. Dete 20 Neture of injury. LION 24. Wes disease or injury in any way releted to occupation of deceased? 19. UNDERTAKER (Address) (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

MARGIN RESERVED

S. No. 1

who had no occupation whatever write none. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

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of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, it any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the

	1		
Gallstones	8261,1 yoM	Ciostroenteritis	I year
contributory causes of importance:		Other contributory causes of importance	
		EIVED	
Cerebral hemorrhage	1261'9 fign f	Peritonitis	obn shop g
Chronie interstitial nephritis	1261	Kun over dy street ear 6501 5	००० भुक्का ।
Arterioselerosis	2161	Augek of epilepsy	०६० भुभ्भता ।
The principal cause of death and related causes of importance were as follows:	Jeano to etad	The principal cause of death and relation of importance were as follows:	feer of offeer
rxsubje 1		Example II	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PERMANENT RECORD. BINDIN FOR MARGIN RESERVED UNFADING

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH of should Baltimore Registration Dist. No. County SANATORIUM, TOWSON, MDNo.

(If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth? yrs. mos. ds. Every ds. (Usual place of abode) If conresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DEVORCED (write the word) ssified. 5a. If married, widowed, or divorced HUSBAND of CERTIFY. Thet I attended deceased from (or) WIFE of H 6. DATE OF BIRTH (month, day, end yoar) certificate. properly If LESS than 7. AGE Months Days 1 day, \_\_\_\_ hrs. or .... min. 8. Tredo, profession, or particular OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ back may 9. Industry or business in which pluods work was dono, es SILK MILL SAW MILL, BANK, etc ... 11. Total time (years)
spent in this on 10. Qate deceased last worked at this occupation (month and that occupation \_\_ instructions 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain What test confirmed diagnosis? (State or country) carefully MOTHER 15. MAIOEN NAME 23. If doath was due to external causes (VIOLENCE) fill in else the following important Accident, suicide, or homicide? \_\_\_\_ Date of Injury\_\_\_\_\_ OF DEATH 16. BIRTHPLACE (city or town) (State or country Where did injury occur? \_\_\_. pe (Specify city or town, county and State) Hospital Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE, pluods very 18. BURIAL, CREMATION, OR REMOVAL Manner of injury -WRITE CAUSE mation Neture of injury NOIL 24. Was disease or injury in any way releted to occupation of deceased? If so, specify (Addross) Eudowood San. Towson Md. Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Year)

Onte-of onset

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s	7		
Other contributory causes of innortance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

of certificate.

See instructions on back

V. S. No. 1

## STATE OF MARYLAND—CERTIFICATE OF DEATH

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1	6	7	60	. 9	
-dh	-	0	~	6. 1	

1. PLACE	OF DEA	rh		113		
County	Bal	Ltimore			Registration Dist. No	32
Village	or City	Pikesvill	6		No.130 Slade Avenue St., death occurred in a hospital or institution, give its NAME instead of street an	Ward
Length o	f residence in ci	tv or town where d	eeth occurred 1	3 vrs 11 mos	death occurred in a hospital or institution, give its NAME instead of street and death dea	d number) mos. ds.
		Ila Temp				11103
		130 Sha		<b>a</b>	St., Warel.	
(a) Nes	nuence. No	730 010	(Usual place		If nonresident give city or town a	nd State
	ONAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Female		R OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  November 17,  (Month) (Day)	, 193 1 (Yeer)
5a. If married, w HUSBAND (or) WIFE	of San	wel B.	Temp	leton Sr.	22. I HEREBY CERTIFY, That I ettende ,19 24, toNovember 17, I last saw her alive on November 16, 1931	19 31
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at 2: 30 Achi.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
kind SAW 9. Industry Worl SAW 10. Date de this	profession, or pa l of work done, VYER, BOOKKEE y or business in k was done, es S V MILL, BANK, e occupation (mor occupation (mor	as SPINNER, PER, etc	spa spa	ime (years) ntin this upation	Chronic Myocarditis  Other Contributory Causes of Importance:	1924
1	r country)		ore, Maryl	and.	Hypertension	?
13. NAME		hua Brown				
(318	LACE (city or to	wn) United	L.States.		Neme of operation None Date of What test confirmed diagnosis? Clinical Westhere of	
15. MAIDEN	NAME Mar	y Little			23. If deeth was due to external ceuses (VIOLENCE) fill in also the following	ing:
16. BIRTHP	15. MAIDEN NAME Mary Little  16. BIRTHPLACE (city or town) Baltimore, Maryland.  (State or country)		Accident, suicide, or homicide? Date of Injury  Where did Injury occur?(Specify city or town, county and S			
17. INFORMANT (Address	Mr.S Pike	.B.Temple	ton ryland.		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC I	PLACE.
18. BURIAL, CRE			ery Nove	mber 1% 31	Manner of injury	
(Address	s) 1003 1	h B.Cook West Balt			24. Wes disease or Injury In any way related to occupation of deceased?  If so, specify	No.
20. FILED NO V	.17,	9 31 Dr.	E.E. Nich	ėls Registrar.	(Signed) 6 6 Multiple (Address) Pikes ville, Maryland.	M. D

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ARGIN RESERVED FOR BINDING

3	_	
	WITH	** **
	PLAINLY,	
4 . C. 4 . C. 4	B.—WRITE	
	ż	

STATE OF MARYLAND	CERTIFICATE OF DEATH		
1. PLACE OF DEATH			
County Balto.	Joses Cv. Registration Dist. No. 44		
Village or City Sharrows Pont	( Hughes Ave St. Ward		
Length of residence in city or town where death occurred 11 yrs mos	f death occurred in a hoppital or institution, give its NAME instead of street and number)  ds. How long in U.S. it of foreign birth? Oyrs. mos. ds.		
1 - 1	as the state of th		
2. FULL NAME Margeret 1			
(a) Residence: No. Aure Octabole (Usual place of abode)	St., Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (regrice the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)		
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of John Trauture.	22. I HEREBY CERTIFY, That I attended deceesed from		
6. DATE OF BIRTH (month, day, and year) 6-12-18 58	I fast sew h elive on 19 , 19 , death is said		
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at. 2:05 Pm.		
73   1 day,	The PRINCIPAL CAUSE OF DEATH end related causes of importance		
8. Trade, profession, or particular kind of work done, as SPINNER.	arterioselerosis. Date of onset		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dete daceased last worked at this occupation (month and the property of the p	acute Cardiac Sudden.		
9. Industry or business in which work was done, as SILK MILL, ALON how.	Welalation.		
Dete deceased last worked at this occupation (month and //-23-3)  11. Total time (years) spent in this occupation  44			
to DIPTUDI ACC (cit	Other Contributory Causes of Importance:		
12. BIRTHPLACE (city or town) (State or country)  Slewany			
E 13. NAME			
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  Stermany	Name of operation Date of What test confirmed diagnosis? Examusation Westhere an eutopsy? Wy.		
15. MAIDEN NAME Unsurvivo	23. If death was due to external causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19		
(State or country) / Lleurany.	Where did Injury occur?		
17. INFORMANT Herman Transform (Address)	(Specify city or town, county and Stata) Specify whether Injory occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
Place My Carmel Compate 1-20, 1931	Nature of injury		
19. UNDERTAKER ALLE JAHAN (Address) Lools h Charles & h	24. Was disease or injury In any way related to occupation of deceased?		
20, FILED MV. 24, 1931 John, G. Comelly Register.	(Signed) Thomas R Branca De M. D. (Address) R 10 B 48 Spanner But anch		
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 1911	July 5,1927	Peritonitis	3 days ago
ETIRBATI V S			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. 3 No. 1

County Sulliwill	STATE OF MARYLAND CERTIFICATE OF DEATH
1	Registration Dist. No. 38
Village or City woods worthwest of Mile 2FULL NAME WRITE	St.: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hale Hute Single, Wildowed. OR DIVORCED (Write the word)	16 DATE OF DEATH Not. 19 , 1923/
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 192
(Month) (Day) (Year)  7 AGE  About 50 yrs. mos. ds. lday hr. or min.  8 OCCUPATION (a) Trade, profession or particular kind of work a ust know or min. (b) General nature of industry business, or establishment in hich employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER SO UND KNOW WITH COMMON	S. The CAUSE OF DEATH * was as follows:  Suicide Hound langing in  Woods Hed below dead about two ov  Mill days apparently  (Duration) yrs mos ds  Contributory Secondary  (Signed) Puration yrs mos ds  (Signed) Purati
13 BIRTHPLACE OF MOTHER (State of Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  Filed Nov 20  1921 F. Butter  Registral	At place of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Labourty aluminated  20 UNDERTAYER  Appress  Likewille, Ma
MARRIED, WIDOWED. OR DIVORCED (Write the word)  6 DATE OF BIRTH  (Month) (Day) (Year)  7 AGE  A OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in bich employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)	(Month) (Day) (Ye  (Month) (Day) (Ye  (Month) (Day) (Ye  (Ye  17 I HEREBY CERTIFY, That I attended the deceased  192 to , 19  that I last saw h alive on the date stated above, at , 19  and that death occurred on the date stated above, at , 19  and that death occurred on the date stated above, at , 19  AUSE OF DEATH * was as follows:  Australia Hound Language in , 19  (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Signed) (Address) (Duration) (Signed) (Address) (Address) (Address) (Death, or, in deaths from the content of injury and (2) Wheth Accidental, Suicidal or Homicidal.  18 LINGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents)  At place of death yrs, mos, ds. (State yrs, mos, Mere was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OR UNDERTAINTER (ADDRESS)  AND PRESS (DATE OF BURIAL OR REMOVAL (ADDRESS) (DATE OF BURIAL OR REMOVAL

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The queslaborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (c) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g.. Farmer or Planter, tion applies to each and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many report specifically the occupations of persons en-Foreman, (b) Automobile factory. The materia For many occupations a single word or term on Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise..se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros. inal meningitis"); Dinhlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "E haustion," "Heart failure, Liaemorinage, "Inanition," "Marasmus," "Old Age," "Shook," "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Ilaemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart disease; etc. The contributory affection need not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSI-d. Exact

PLACE OF DEATH

Village or City Overlea

County

3 SEX

7 AGE

PARENTS

Male

6 DATE OF BIRTH

Baltimore

4 COLOR OR RACE

White

Oct.

56

(b) General nature of industry business, or establishment in which employed or (employer)

B OCCUPATION

(a) Trade, profession or particular kind of work...

9 BIRTHPLACE (State or country)

> 10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER

13 BIRTHPLACE OF MOTHER

(State or country) 12 MAIDEN NAME OF MOTHER

2FULL NAME John C. Wagner PERSONAL AND STATISTICAL PARTICULARS

(Month)

	(State or Country)	Ba	altimore,	Md.
4	(Informant)		est of My KN	
	(Address)	8 W.	Overlea	Ave
5	Filed Dec 2	1923/	51.	PSJ Registrar
Ī	If mo	re bianke	are needed, add	re.e State Registi

8

(Year) IIf LESS tha

I day hr

(No.

MARRIED.

10

Salesman

Baltimore Co. Md.

Phillip Wagner

Germany

Mary Rau

(Day)

20

ds.

widoweb. Harried or Divorcharried (Write the word)

W. Overlea

# 12932 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in

	tion, give its NAME in stead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH NOV. 30 1931 . 192
=	(Month) (Day) (Year)
	I HEREBY CERTIFY, That I attended the deceased from
-	that I last saw h he alive on And 30 , 1921,
n	and that death occurred on the date stated above, at 9.20 Pm.
8.	The CAUSE OF DEATH * was as follows:
.5	
	Chrone Tutushal mephiles
••	
	(Duration) vis 6 mos de.
-	Contributory OKATE pulsuing & durat
	(Duretion) yrs mos 3 ds.
-	(1Y-1)-1
	(Signed) M. D.
-	Perf 1981 (Address) Nagleau 2 Black
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
-	ienta or Recent Residents)
	At place of deathyrsmosds. In the Stateyrsmosds.
-	Where was disease contracted, if not at place of death?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Oaklarm 6 em Dec 3 , 153/
	20 UNDERTAKER ADDRESS
-	George W. Sinkler 1737 E. Esgash
	and the contract of the contra

No. σž

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it Civil engineer, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." "PUERPERAL septicacmia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Uraemia, ""Weakness," etc., when a definite disease Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential, and must be obtained before the certificate is permanently flied.



PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. ited EXACTLY pperly classifie (If death occurred in .....Ward) a hospital or institu-tion, glve its NAME instead of street and number.) proper PERSONAL AND STATISTICA MEDICAL CERTIFICATE OF DEATH Ö 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH RRIED 0 may be n back DOWED CHARLES & Write the word) (Month) ..... (Day) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH no ns so that that I last saw h .....alive on (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH or min.? rn. 8 OCCUPATION tel (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or eatablishment in 2 which employed or (employer) odwl 9 BIRTHPLACE Secondary (State or country) DO 10 NAME OF 5 L FATHER 20 192 / (Address) 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, COZ RENT Violent Causes, state (1) Means of Lhjary and (State or country) TIO Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) stat 13 BIRTHPLACE In the At place OF MOTHER of death ... Item or (State or Country) Where was disease contracted, if not at place of death? Every Item CIANS sho statement usual residence (Informant OR REMOVAL ADDRES If more b.anks are needed, addre.s Ltato Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

deaths from

(2) Whether

C PO

RESERVED

MARGIN

# REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return"Laborer,""Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman. Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (6) Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); EASE CAUSING DEATH (the primary affection with respect (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. ...... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; nephrilis, etc. The contributory Example: Measles (disease

permanently filed. answered in detail, If this certificate is te i located ove thoroughly and a l qu stions wil prevent further correspondence. All the and must be shtained lefore the certificate is

PHYSICIANS should state Exact statement of OCCUPA. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be

FOR BINDIN

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	1,2934
/ County Baltimore	Registration Dist. No. 42
Village or City Arbutus	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Anna D. Weibe	
(a) Residence: No. Vost Ave., Arbutus (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) 193 3 /
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of Max H. Weibe	22. I HEREBY CERTIFY. That I attended decaased from  10/7, 19.3/, to 20.00 / 2, 19.3/
6. DATE OF BIRTH (month, day, and year) Sept. 2, 1881.	I last saw her alive on 2007 12 , 19.3 /; daath is said
7. AGE Years Months Days If LESS than 1 day, hrs or min.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, House Wife SAWYER, BOOKKEEPER, etc.	Carcusua Mach - ant Rus
kind of work done, as SPINNER, House Wife SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Data deceased last worked at this occupation (month and	
10. Data deceased last worked at this occupation (month and yaar) occupation	
12. BIRTHPLACE (city or town) Germany	Other Contributor Causes of importance:  Wesseland Hellevillage Octof3
13. NAME Protman  14. BIRTHPLACE (city or town)  (State or country) Germany	Name of operation Date of What test confirmed diagnosis? Cleuse Was there an au opsy?
置 15. MAIDEN NAME Unknown	23. If death was due to external causes (VIOLENCE) fill In also tha following:
15. MAIDEN NAME UNKNOWN  16. BIRTHPLACE (city or town)-Germany  (State or country)	Accident, suicide, or homicide?
17. INFORMANT HAVE TO A PULLUS	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St. Paul's Cem. Data 11/17/31,19	Nature of injury
19. UNDERTAKER Havry TV. Witzle	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) 4101 Admondson Ave.	If so, specify
20. FILEO MOS 6, 1931 Gentle Registrar.	(Signad) Atelle Helling M. O. (Ardress) 2000 Hollins bh

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week aga
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy 1921 Run over by street car July 5, 1927 Perilonitis  Other contributory causes of importance:

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.--Every Item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD MARGIN RESERVED FOR BINDING NE, WITH UNFADING INK -- THIS IS A PERM WRITE PY S. No. 1

PLACE OF DEATH	12930 STATE OF MARYLAND
County Dallimare	CERTIFICATE OF DEATH
01.01	Registration Dist. No. 38
Village or City askvelle (No. 7700	Old Harfelled 9 Ward a hospital or institu-
2FULL NAME Charles, Peir	cr. Weigert tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White OR BIVORCET WIDOWED.  (Write the word) Manual	16 DATE OF DEATH November 15, 1981  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
august 6 1885	192, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE [If LESS than	and that death occurred on the date stated above, at
145 2 0   l dayhrs.	The CAUSE OF DEATH * was as follows:
yrs mos ds. ormin.?	Quicide
8 OCCUPATION (a) Trade, profession or	124 Sas (Inhalation of
particular kind of work OleMe Show Ull	illuminating gas)
(b) General nature of industry business, or establishment in	(Defation) vis mos ds.
which employed or (employer)	
9 BIRTHPLACE (State or country)	Contributory Secondary  Ouration  yrs
TO NAME OF A STATE OF OF A	(Signed) J. M. Dason M. D.
FATHER Anthony. J. WEIGEST	11/17 1923 ((Address) 28/0 Jay lor Leve,
O II BIRTHPLACE OF FATHER OF A MA	
Z (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Saboa Continues	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) (Dallo Md.	of deathyrsds, Stateyrsds, Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY MY WHOWLEDGE	it not at place of dea h?
(Informance mound of Bryant !	Bermer or usual residence
(Address Towson Wed	Calclaron bennetery hav. 19, 1931
15 11/2 2. 01/12-	20 UNDERTAKER ADDRESS
Filed 1901 4 Mc Dae por Registrai	George W. Jufeler 1737 E. Cager,
If more b.anks are needed, addre.s Ltate Registrar	, 16 W. Salatoga St., Euko., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to e.ch and every person, irrespective of state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronicetc. The contributory affection need valvular heart disease; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



MARGIN RESERVED FOR BINDING	WRITE PI NE, WITH UNFADING INK-THIS IS A PERM ENT CORD	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1	7	N. BEvel CIA stat

PLACE OF DEATH County attuitions	12936 STATE OF MARYLAND CERTIFICATE OF DEATH
6.00	Registration Dist. No. 30
Village or City Selle (No	Frances West (If death occurred in a hospital or institu- tion, give lts NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule that Single, Married, Wildowson, OR DINGSERVED. (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 , that I last saw h alive on 2 , 1923
7 AGE If LESS than	and that death occurred on the date stated above, at 7.30 A.m.
yrsmosds. ormin.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Mentine Don't ( mus)
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs
9 BIRTHPLACE (State or country) Mary land	Contributory Secondary  (Duration) yrs mos ds
10 NAME OF FATHER ALL WEST.	(Signed) M. D.  M. D.  M. D.  M. D.  M. D.
OF FATHER  (State or country)  12 MAIDEN NAME  (The state of country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Trances Duyer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Mary land.	At place of deathyrsmosds, Stateyrsmosds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) John Cross	usual residence
(Address) Olla, Md.	Manage Tamel Nov. 21, 1931
Filed #1/2 192 All Registrar	Laston Somo Sur Sur State
If more blanks are needed, date the Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." tions, such as "Asthenia," "Anaemia" (merely symptom-atic), "Atrophy," "Collapse," "Coma," "Convulsions," approved by Committee on Nomenclature and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERFERAL septicaemia," "PUERFERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease Whooping cough; (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

	PLACE	OF	DEATH	
Co	unty Ba	lti	more	

12937

# STATE OF MARYLAND

V. S. No. 1.

County Data Camo Jo	Registration Dist. No. 30
Village or City Catonsville (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME Isstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female  4 COLOR OR RACE MARRIED. Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH 2 DEL 19 (Month) (Day) (Year)
9/21/1848 (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 1. to 192 1. to 193 1.  that I last say h & alive on 193 1.
7 AGE  83 yrs. 1 mos. 28 ds. or min.	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)	(Duration) 9 yrs. mos. ds.  Contributory Speondary
Germany  10 NAME OF FATHER ? Hunger  11 BIRTHPLACE	(Signed) (Address) (Address) (Duration) (Dur
OF FATHER (State or country) Germany  12 MAIDEN NAME OF MOTHER Unknown	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Germany	ients or Recent Residents)  At place of deathyrsmosds. Stateyrsmosds.
(Informant) Frederick Westendorf  (Address) 2031-Robb Street	Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Trinity Cemetery
Filed 11/20 1923/ Alduda Registrar	20 UNDERTAKER STOUTH ONE 1) 34 Haufe

If more branks are needed, address Registrar, 1 W. Saratoga St., panol, Requesting

V. S. No. 1

Name B

# REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of cupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a 'er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report ployed, as At school, or At home. Care should be taken Foreman, (b) For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Compositor, specifically the occupations of persons en-For persons who have no occupation mpositor, Architect, Locomotive engineer, Stationary freman, etc. But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EASS CAUSING DEATH (the primary affection with respect Strtement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E::haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection Chronic interstitial nephritis, tctanus) may be stated under the head of "contributory." carbolic acid -- probably suicide. The n-ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all American Medical Association approved by accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuly (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid cough; Committee on Nomenclature Chronic valvular heart discase; etc. The contributory need not be

If this certificate is tooked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fled.



S No.

	PLACE OF DEATH  County Baltimore	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3
1	Village or City / owsou (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1 42	SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, Sugle OR DIVORCED (Write the word)	16 DATE OF DEATH / DV. / 1992 (Year)
6	Spare of Birth Sept 22, 1904 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
2	7 AGE  2 / yrs. / mos. 9 ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
To the second	(a) Irade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  Mailwall	ou Gork Roud above bockeysville  (Duration) vrs. mos. ds.
	10 NAME OF FATHER UNKNOWN  11 BIRTHPLACE	Contributory Secondary  Apuration  (Signed)  192 (Address)  Author  Au
FA	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place of deathyrs
	(Informant) Suristian faith  (Address) 3332 Require Road	if not at place of dea h?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  St. Hay's Haufder  20 UNDERTAKER  ADDRESS
	Filed (100. 193) Registral  If more banks are needed, address that hegistral	Lakewowith & Sou 36/5 bleshut tu, 18 W. Saratoga St., Balto., Requesting V. S. 1.0. 1.

# CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid *Househeepers* who receive a definite salary), may be entered as *Housewife*, *House*en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Flanter, tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, Never return "Laborer," "For man," "Nanager," "Deal-Physician, Compositor, Architect, worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Locomolive engineer, As examples: (a) (b) Grocery;

s. inal meningitis"); Dinhtheria (avoid use of "Croup"); ed term for the same dise se. Examples: Cerebrospinul to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); (the only definite synonym is "Epidemic cerebropneumonia, Broncho:pneumonia ("Pneumonia,

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tctanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL scplicaemia," "PUERPERAL perilonilis," etc. "E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E.haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on American Medical Association. as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJU.Y Chronic valvular heart disease; etc. The contributory Nomenclature

If this certifican is looked over thoroughly and all qu stions

answered in detail will be event turther correspondence. All the data is essential and must be obtained before the certificate is permanently filed

PLACE OF DEATH	12939 STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
110-11	Registration Dist. No. 442
Village or City Hallthorpe (No./707 Girls 25ULL NAME Still Brith W.	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Lower PRACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Nov. 28 , 193/4
6 DATE OF BIRTH  Nov. 28 , 193/ (Month) (Day) (Year)	17 MEREBY CERTIFY, That I affended the deceased from  Nov. 28 193/ to Nov. 28 193/
7 AGE   If LESS the 1 day h	The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work	Sentrowy.
(b) General nature of industry business, or establishment in which employed or (employer)	(Byration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Halethorpe Vid.	Contributory Muhumuni Secondary
FATHER ROCK of Minebeamer	(Signed) J. J. Olabert M. D.
OF FATHER  (State or country) Fredrick Co. And	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Mary & Mechius.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)  Balto City	At place In the State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Robt J. Winebraumer	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Hauthoye	Destord John Modress Modress
Registrat	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed. gaged in domestie service for wages, as Servant, Cook to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of; Oceupation-Precise statement of oc-For many occupations a single word or term on Compositor, Architect, Locomotive For persons who have no occupation engineer,

Statement of Cause of Death—Name, first, the DISLEANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

carbolic acid-probably suivide. Then ture of the injury, diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL personitis," etc. State eause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, approved by Committee on Nomenclature clanus) may be stated under the head of "contributory." as fracture of skull, and eonsequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state Means of Injury ean be ascertained as the eause. tions, such as "Asthenia," "Anaemia" (merely symptom eausing death), 29 ds.; Bro shopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi interstitial nephritis, cough; Chronic etc. The contributory valvular heart disease; Always qualify all not be

If this certificate is looked over theroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1931

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1	,	14	1	U
A	4	0	7	0

1. PLACE OF DEATH				(119)		
County Baltimore				Registra	ation Dist. No.	ZIR
Village or City	Rossvil	le		No	Ct	Ward
Length ot residen	ce in city or town where de	ath occurred	yrs. I I	f death occurred in a hospital or institution, give its Nods. How long in U.S. it of foreign birt	VAME instead of street and	d number)
2. FULL NAME	Harry C	Wolf	Jr			
(a) Residence:	No. 1223 63	rd St	of abode)	St., Ward.	sident give city or town ar	nd State
PERSONAL	L AND STATISTIC	CAL PART	ICULARS	MEDICAL CERTIFIC		
3. SEX male	white	s. single, mar	RRIED, WIDOWED,	21. DATE OF DEATH	7	, 198_/
5a. It married, widowed, HUSBAND ot (or) WIFE of	or divorced			(Month)  22. 1 HEREBY CERT		(Year)
6. DATE OF BIRTH (mo	nth, day, and year)	c 3 rd	1930	I last saw how alivo on nov.	7	, 19. <b>3</b> . 1. ↓; death is sald
7. AGE Years	Months II	Days 4	It LESS than I day,hrs.	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related were as follows:	4. P.m.	
8. Trade, protession kind of work SAWYER, BD	n, or particular done, as SPINNER, DKKEEPER, etc.	none		acute Gosts	7	Datactonset
9 Industry or busi				Enter	itis	(Oct.)) N
O   10. Date deceased la	ast worked at on (month and	sp3	time (years) ent in this upation			
12. BIRTHPLACE (city or (State or country)	town) Balto Co	)		Other Coutributory Causes of Importance:		
13. NAME Ha	rry C Waaf					
(State of con	ty or town)Baltimo	re		Name of operation		
15. MAIDEN NAME	Marie Be	rnhard	+	23. It death was due to external causes (VIOL EN		
16. BIRTHPLACE (cit	ty or town Baltime			Accident, suicide, or homicide?		•
IV. HALOKIMAIAI	Harry C Wol 23 63 rd St				ity or town, county and Str in HOME, or in PUBLIC P	ate) LACE.
18. BURIAL, CREMATION		Date In	-10 1931	Manner of Injury		
19. UNDERTAKER (Address)	John Red	secult	Care	24. Was disease or injury in any way related to	occupation of deceased?	no
20. FILED / 8	193)	leans.	Registrar.	(Signed) John J. Constitution (Address 1/2) Eas	test an	M. D.
	If more bla	inks are needed,	Aress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S	. No. 1,	-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago	
		400000000000000000000000000000000000000		
Other contributory causes of importance:		Other contributory causes of importance:	150,000,000	
Gallstones	May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOR BINDING,

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	16941
County Baltimore	Registration Dist. No. 9
Village or City_EUDOWOOD_SANATORIUMTOWSON.	M No. St., Ward
Length of rasidence in city or town where death occurred yrs	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
2. FULL NAME And Small 3.	
	the word
(a) Residence No. (Usual place of abode)	St., Ward.    Salto   If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND ot S	
(OT) HIFE OF SECTION OF THE SECTION	22. I HEREBY CERTIFY That I attended decoased from
6. DATE OF BIRTH (month, dey, and year) Lune y 5 1871	I last saw h
7. AGE Yeers Months . Oeys If LESS then	to heve occurred on the deta statad above, et 10 4 m.
60 # 11 - 1dey,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows:
8. Treda, profession, or perticular kind ot work done, es SPINNER, Cabent lumber. SAWYER, BOOKKEEPER, atc	Tuleworning Suberculos Oct 193
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Oeta deceased lest worked at this occupation (month and spant in this	
yaar) occupation	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) Transcructor for (State or country)	
14. BIRTHPLACE (city or town) (Stete or country)	Whet tast confirmed diagnosis?
15. MAIDEN NAME Josephice Socksel	23. If death wes due to externel causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Leany lund	Accident, suicide, or homicida? Dete of injury
- ( Steta of Country)	Where did injury occur?
Hospital RecordsPersonal History (Add: DOWOOD SANATORIUM, TOWSON, MD.	(Specify city or town, county and State) Specify whether Injury occurred in fNOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Novallauri Date 100 7., 19.34	Nature of injury
19. UNDERTAKER Office Cook	*24. Wes disease or injury In any wey related to occupation of deceased?
(Address) 1217 St Vaul Street	If so, specify
20. FILED NOT & 1937 FM C (EMILE) Registrar.	(Signed) M. D.  (Address) Endowood San., Towson, Md.
Registrat.	" (Nuises) #114CO. W. M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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